2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P24621

1. Entity Name
SQUARE D COMPANY

Principal Place of Business	Mailing Address
1415 SOUTH ROSELLE ROAD PALATINE, IL 60067	1415 SOUTH ROSELLE ROAD PALATINE, IL 60067

04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2440683
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	MCNULLY, THOMAS
STREET ADDRESS	878 BIG BEAR TRL.
CITY-ST-ZIP	CARY, IL 60013
TITLE	SVP
NAME	JAPLON, HOWARD
STREET ADDRESS	934 CLINTON PLACE
CITY-ST-ZIP	RIVER FOREST, IL 60305
TITLE	PCOO
NAME	PETRATIS, DAVID
STREET ADDRESS	29 ROLLING HILLS
CITY-ST-ZIP	BARRINGTON, IL 60010
TITLE	VT
NAME	INENDINO, VINCENT A
STREET ADDRESS	1709 WATERVILLE LANE
CITY-ST-ZIP	SCHAUMBURG, IL 60194
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000319193
04/20/05-80086-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristen A. Standard VP Tax 4-7-05 847-397-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #