


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P26610	
1. Entity Name ROYAL APARTMENTS U.S.A., INC.	

Principal Place of Business 1605 S STATE ST 112 CHAMPAIGN, IL 61820 US	Mailing Address 1605 S STATE ST SUITE 112 CHAMPAIGN, IL 61820 US
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1249003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THRASHER, ELWIN III 908 N GADSDEN ST TALLAHASSEE, FL 32303

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENNEMAN, MICHAEL J. 1605 S. STATE STREET CHAMPAIGN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, RODRICK L. 505 DEVONSHIRE DRIVE CHAMPAIGN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORNER, ERIC S. 4015 RIVERKNOLL CHAMPAIGN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEELING, DAVID 2220 BRIAR HILL DR CHAMPAIGN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

-J00000554568
05/15/06-80097-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 217-356-8888
Date Daytime Phone #