

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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**

PAID

CK. NO. _____
DATE _____



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1249003

Applied For
Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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04/10/07-80036-016 150.00

**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

Date

Daytime Phone #