

(IR)

DOCUMENT # P28095

1. Entity Name

TALON DEVELOPMENT OF ILLINOIS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-18-2000 90067 048 ***150.00

Principal Place of Business Mailing Address
 1845 E. RAND RD. 1845 E. RAND RD.
 ARLINGTON HEIGHTS IL 60004 ARLINGTON HEIGHTS IL 60004-4356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City, State

Zip

Country

Zip

Country

4. FEI Number 36-3674975

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KOBZA, KIM~~
~~801 TWELFTH AVE., SOUTH~~
~~4TH FLOOR~~
~~NAPLES FL 33940~~

Name CONROY, KRISTIN APT 4
 Street Address (P.O. Box Number is Not Acceptable)
MORRISON & CONROY, P.A.
3838 TAMiami TRAIL NORTH, STE. 402
 City NAPLES FL Zip Code 34103

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	SCHMITT, GREGORY C.	1845 E. RAND RD.	ARLINGTON HEIGHT IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 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

PRES.

Date

Daytime Phone #

1/25/2000 1/7/00
 847/253-8566 x16