2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# P30829

Entity Name: MAN CAPITAL CORPORATION

Current Principal Place of Business:

2 AMBOY AVENUE
WOODBRIDGE, NJ 07095 US

New Principal Place of Business:

800 EAST OAK HILL DR
WESTMONT, IL 60559 US

Current Mailing Address:

2 AMBOY AVENUE
P.O. BOX 5043
WOODBRIDGE, NJ 07095 US

New Mailing Address:

800 EAST OAK HILL DR
WESTMONT, IL 60559 US

FEI Number: 38-2325746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROTTACH, SIEGBERT
Address: 2 AMBOY AVENUE, P.O. BOX 5043
City-St-Zip: WOODBRIDGE, NJ 07095

Title: S ( ) Delete
Name: POLAK, HANS
Address: 1300 MOUNT KEMBLE AVENUE
City-St-Zip: MORRISTOWN, NJ 07962

Title: C ( ) Delete
Name: KARLHEINZ, HORNUNG
Address: LANDSBERGER STR. 110
City-St-Zip: MUNICH, GERMANY, .. 80805

Title: T (X) Delete
Name: RITRAJ, VINOO
Address: 2 AMBOY AVENUE, P.O. BOX 5043
City-St-Zip: WOODBRIDGE, NJ 07095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: LAPINSKI, VINCENT H
Address: 800 EAST OAK HILL DR
City-St-Zip: WESTMONT, IL 60559

Title: S (X) Change ( ) Addition
Name: GOTT, BRIAN A
Address: 800 EAST OAK HILL DR
City-St-Zip: WESTMONT, IL 60559

Title: DCFO (X) Change ( ) Addition
Name: HAWRYSZ, THOMAS M
Address: 800 EAST OAK HILL DR
City-St-Zip: WESTMONT, IL 60559

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDY HENDRICKS POA 12/07/2009

Electronic Signature of Signing Officer or Director Date