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DOCUMENT # P32220 1. Entity Name VIETNOW NATIONAL HEADQUARTERS, INC.						03-25-2005 90030 022 ***61.25	
Principal Place of Business 1835 BROADWAY ROCKFORD, IL 61104				Mailing Address 1835 BROADWAY ROCKFORD, IL 61104			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P <input type="checkbox"/> Delete NAME SANDERS, RICH STREET ADDRESS 1811 HICKORY LANE CITY - ST - ZIP DIXON, IL 61021				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John Augustynowicz STREET ADDRESS 30W170 Oxford Drive CITY - ST - ZIP Warrenville, IL 60555			
TITLE VP <input type="checkbox"/> Delete NAME STEPHANEK, JIM STREET ADDRESS 1111 W. HARROW LANE CITY - ST - ZIP CITRUS SPRINGS, FL 34434				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE T <input type="checkbox"/> Delete NAME BUSCHER, TERRY STREET ADDRESS 1035 WENONAH CITY - ST - ZIP OAK PARK, IL 60304				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE D <input type="checkbox"/> Delete NAME GILIGAN, DARRELL STREET ADDRESS 611 S. GOODLING STREET CITY - ST - ZIP WINNEBAGO, IL 61088				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE S <input type="checkbox"/> Delete NAME KESSLING, BILL STREET ADDRESS 1781 IRON SPRING RD CITY - ST - ZIP FRANK GROVE, IL 61031				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE D <input type="checkbox"/> Delete NAME DAVIS, JOHN STREET ADDRESS 126 WEST TAYLOR STREET CITY - ST - ZIP DE KALB, IL 60115				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
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 617, 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: <u>Richard Sanders</u> Richard Sanders 3-13-05 815-227-5100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							