2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: (

Secretary of State DOCUMENT #P32597 03-24-2004 90014 033 ***150.00 MORAN INDUSTRIES, INC. Principal Place of Business Mailing Address 44020268 4444 WEST 147TH STREET 4444 WEST 147TH STREET MIDLOTHIAN, IL 60445 MIDLOTHIAN, IL 60445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 36-3729569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAME MORAN, DENNIS D NAME STREET ADDRESS 4444 WEST 147TH STREET STREET ADDRESS MIDLOTHIAN, IL 60445 CITY-ST-7IP CITY-ST-ZIP TITLE 👡 ☐ Delete TITLE Change ☐ Addition PLOGER MORAN, BARBARA NAME NAME Moran, Barbara STREET ADDRESS 4444 WEST 147TH STREET STREET ADDRESS 4444 W 147th Street CITY-ST-ZIP MIDLOTHIAN, IL 60445 CITY-ST-ZIP Midlothian, IL 60445 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORAN, CECILIA-NAME MAME STREET ADDRESS 4444 WEST 147TH STREET STREET ADDRESS CITY-ST-ZIP MIDLOTHIAN, IL 60445 CITY-ST-ZIP TITLE ☐ Delete TITLE T Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachnight with an address, with all other like empowered.

FILED Mar 24, 2004 8:00 am

Daytime Phone #