

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40110

FILED
Jan 09, 2010
Secretary of State

Entity Name: CLARKE MOSQUITO CONTROL PRODUCTS, INC.

Current Principal Place of Business:

159 N GARDEN AVENUE
ROSSELLE, IL 60172

New Principal Place of Business:

Current Mailing Address:

159 N GARDEN AVENUE
PO BOX 72197
ROSSELLE, IL 60172

New Mailing Address:

FEI Number: 36-3672438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DAS
Name: CLARKE, MARY KEMP
Address: 159 N. GARDEN
City-St-Zip: ROSELLE, IL

Title: PTD
Name: CLARKE, III J L
Address: 159 GARDEN AVENUE
City-St-Zip: ROSELLE, IL

Title: V
Name: ERICKSON, LARRY
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

Title: V
Name: MARGO, KEVIN
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

Title: AS
Name: KANOUSE, FRANCES
Address: 159 N GARDEN AVE
City-St-Zip: ROSELLE, IL 60172

I hereby 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 all other like empowered.

SIGNATURE: JOHN LYELL CLARKE III

PTD

01/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date