

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40110

FILED  
Jan 26, 2011  
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:**

159 N GARDEN AVENUE  
ROSSELLE, IL 60172

**Current Mailing Address:**

159 N GARDEN AVENUE  
PO BOX 72197  
ROSSELLE, IL 60172

**New Mailing Address:**

159 N GARDEN AVENUE  
ROSSELLE, IL 60172

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: V  
Name: DRAGO, JOSEPH  
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

01/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date