

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P41004

1. Entity Name
BIG BEAR PROPERTIES, INC.



Principal Place of Business
**555 SKOKIE BLVD., SUITE 555
NORTHBROOK, IL 60062**

Mailing Address
**555 SKOKIE BLVD., SUITE 555
NORTHBROOK, IL 60062**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3699602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
COLBURN, RICHARD W.
555 SKOKIE BLVD., #555
NORTHBROOK, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOULKES STEPHEN D
555 SKOKIE BLVD # 555
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LEWELLEN, WILLIAM R JR.
555 SKOKIE BLVD STE 555
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROEMER, LINDA L
555 SKOKIE BLVD., STE 555
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KUNTZ, DALE C
555 SKOKIE BLVD # 555
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000398693
01/31/06-80008-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with another like empowered.

SIGNATURE: _____

William R. Lewellen, Jr. 1/11/06 847-480-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #