


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 018 ***150.00

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DOCUMENT # P41108 1. Entity Name VAC-CON, INC.					
Principal Place of Business P.O. BOX F GREEN COVE SPRINGS, FL 32043-1662 US			Mailing Address 2345 WAUKEGAN RD SUITE S-200 BANNOCKBURN, IL 60015 US		
2. Principal Place of Business		3. Mailing Address 500 LAKE COOK ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400			
City & State		City & State DEERFIELD, IL			
Zip 60015	Country USA	4. FEI Number 36-3846929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESAGE, DARRELL <input type="checkbox"/> Delete 969 HALL PARK DRIVE GREEN COVE SPRING, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 LAKE COOK RD, STE 400 DEERFIELD, IL 60015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARROLL, D. H. 2345 WAUKEGAN ROAD BANNOCKBURN, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S ARTHUR R MILLER 500 LAKE COOK RD, STE 400 DEERFIELD, IL 60015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete CORVINO, JOHN P. 2345 WAUKEGAN ROAD BANNOCKBURN, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPDT HAAS, JOSEPH S. 2345 WAUKEGAN ROAD BANNOCKBURN, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AS CUPIT, JULIE 969 HALL PARK DR GREEN COVE SPRING, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ATC FRONER, JOSEPH W 969 HALL PARK DR GREEN COVE SPRINGS, FL 56370	
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 all other like empowered.					
SIGNATURE: <u>Arthur R. Miller</u> ARTHUR R. MILLER, SEC 4/18/06 847-940-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					