## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # P93000041685** 1. Entity Name LAKE PLACID UTILITIES, INC. Mailing Address Principal Place of Business 2335 SANDERS ROAD 200 WEATHERSFIELD AVE NORTHBROOK, IL 60062 US ALTAMONTE SPRINGS, FL 32714 No Chg-P CR2E034 (10/03) 03222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-3938414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. 1 am familiar with, and accept the obligations of registered agent. [NOTE, Registered Agent signature required whos reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000296192 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CCEO TITLE CAMAREN, JAMES NAME STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP NORTHABROOK, IL TITLE **PCFO** SCHUMACHER, LAWRENCE NAME STREET ADDRESS 2335 SANDERS RD CITY+ST-ZIP NORTHBROOK, IL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

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847-498-6440

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: .