

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000035695**

1. Entity Name

TWOSIXTY, INC.



Principal Place of Business

260 POWER COURT  
I-4 INDUSTRIAL PARK  
SANFORD FL 32771

Mailing Address

673 WEST WRIGHTWOOD  
CHICAGO IL 60614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3314791**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

STEWART, PATRICIA E  
604 REMINGTON OAK BLVD.  
I-4 INDUSTRIAL PARK  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME STEWART, PATRICIA E  
STREET ADDRESS 604 REMINGTON OAK BLVD  
CITY-STATE-ZIP LAKE MARY FL 32746

TITLE PT ☐ Delete  
NAME GLEESON, DEBORAH  
STREET ADDRESS 673 W. WRIGHTWOOD  
CITY-STATE-ZIP CHICAGO IL 60614

TITLE S ☐ Delete  
NAME RODEGHIER, KAREN E  
STREET ADDRESS 608 RICHARDS ST.  
CITY-STATE-ZIP GENEVA IL 60134

TITLE VP ☐ Delete  
NAME ELWARD, JOSEPH F  
STREET ADDRESS 237 LAKEVIEW  
CITY-STATE-ZIP SANFORD FL 32773

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000667935  
03/27/07-80010-004 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH GLEESON

Date

Daytime Phone #

3/12/07 773-327-3247