

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90165 001 *1,050.00

DOCUMENT # P95000050420

1. Entity Name
TRIALGRAPHIX - CHICAGO, INC.



Principal Place of Business
954 W WASHINGTON
STE 380
CHICAGO, IL 60607 US

Mailing Address
~~455 NE 40TH ST~~
~~MIAMI, FL 33137~~

66010100



2. Principal Place of Business

3. Mailing Address

3300 CORPORATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006

Chg-P

CR2E034 (11/05)

City & State

City & State
MIRAMAR, FL

4. FEI Number

65-0594876

Applied For

Not Applicable

Zip

Country

Zip

33025

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLBERG, DAVID
~~455 NE 40TH ST~~
~~MIAMI, FL 33137~~

Name

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

3300 CORPORATE WAY

City

MIRAMAR

FL

Zip Code

33025

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	455 NE 40TH ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STOLBERG, DAVID	
STREET ADDRESS	1001 NW 122 AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLBORN, ERICA	
STREET ADDRESS	455 NE 40TH ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, LYNN	
STREET ADDRESS	10200 GROGANS MILL RD STE 350	
CITY-ST-ZIP	SPRING, TX 77380	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOARD, TROY	
STREET ADDRESS	135 LASALLE ST	
CITY-ST-ZIP	CHICAGO, IL 606034131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATZ, DAVID	
STREET ADDRESS	135 LASALLE ST	
CITY-ST-ZIP	CHICAGO, IL 60603	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3300 CORPORATE WAY	
STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3300 CORPORATE WAY	
STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3300 CORPORATE WAY	
STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELISEK, DAVID	
STREET ADDRESS	777 E. WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

STEVE STOLBERG

04/03/06

(305) 576-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #