## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P96000006956 04-18-2007 90148 040 \*\*\*150.00 WEDGEFIELD UTILITIES, INC. Principal Place of Business Mailing Address 200 WEATHERSFIELD AVE 2335 SANDERS RD 40066135 ALTAMONTE SPRINGS, FL 32714 NORTHBROOK, IL 60062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 36-4071705 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CCEO CEO TITLE TITE 🗶 Delete Addition JOHN M. STOKES NAME CAMAREN, JAMES NAME 2335 SANAERS RD 2335 SANDERS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK, IL NORTHBROOK, IL 60062 CITY-ST-ZIP PRESIDENT TITLE ☐ Delete TITLE ☐ Addition SCHUMACHER, LAWRENCE NAME STREET ADDRESS 2335 SANDERS ROAD STREET ADDRESS NORTHBROOK, IL CITY-ST-ZIP CITY-ST-ZIP TITLE VP CFO Delete TITLE Addition CROSSETT, LISA DANIEL J. DELGADO NAME STREET ADDRESS 2335 SANDERS ROAD STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP NORTHBROOK, 1L 60062 NORTHBROOK, IL 60062 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition STEVEN M. LUBERTOZZI NAME STREET ADDRESS 2335 SANDERS RA STREET ADDRESS CITY-ST-ZIP HORMBROOK IL CITY-ST-ZIP 60062 TITLE VP ☐ Delete TITLE Change Change Addition YOHN HOY NAME 2335 SANDERS RD STREET ADDRESS STREET ADDRESS NORTH BROOK, IL CITY-ST-ZIP CITY-ST-ZIP 4006Z TITLE ☐ Delete SECRETARY TITLE ☐ Change **X** Addition NAME JOHN STOVER NAME 2335 SAHDERS STREET ADDRESS STREET ADDRESS 60062 CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 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.

FILED

847-498-6440

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL J. DELGADO VP CFO

SIGNATURE: \_