2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028525

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32259

() Delete

FILED Apr 05, 2005 Secretary of State

Entity Nar	ne: CLASSI	C ENGINEERING, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	KELAND DR D, FL 33813				ER PARK DR VILLE, FL 32		US	
Current Mailing Address:				New Mailing Address:				
PO BOX 6 LAKELANI	187 D, FL 33807			630 DUND SUITE 400 NORTHBR		62	US	
FEI Number:	59-3437598	FEI Number Applied For ()	FEI Num	nber Not Appl	icable ()	Certi	ificate of Status Desire	ed ()
Name and	Address of	Current Registered Agent:		Name and	Address of	New F	Registered Agent:	
1200 SOU	ORATION S' TH PINE ISLA ON, FL 3332	AND ROAD						
	named entity of Florida.	v submits this statement for the p	ourpose of	f changing i	ts registered o	office o	or registered agent	or both,
SIGNATUR	RE:							
	Electro	onic Signature of Registered Age	∍nt				Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	VP (WARREN, SH 3125 WINGE LAKELAND, F	D FOOT DR		Title: Name: Address: City-St-Zip:	VP D (X BELDHAM, PA 630 DUNDEE NORTHBROOK	ÚL RD, SU		
Title: Name: Address: City-St-Zip:	LEVINE, JAM 136 RIVERMA			Title: Name: Address: City-St-Zip:	S,D (X NOTARO, FRA 630 DUNDEE NORTHBROOI	NK RD, SU		
Title: Name: Address:	FILLMORE, D) Delete ARYL KY BRANCH LANE		Title: Name: Address:	T,D (X LENNOX, DOU 630 DUNDEE	JGLAS	ge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NORTHBROOK, IL 60062

630 DUNDEE RD, SUITE 400

NORTHBROOK, IL 60062

FILMORE, DARYL

() Change (X) Addition

SIGNATURE: DOUGLAS C LENNOX **TREA** 04/05/2005