

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000030989

Entity Name: LEVI-NIELSEN MIRAGE, INC.

FILED
May 19, 2005
Secretary of State

Current Principal Place of Business:

212 S. BRIDGE ST.
YORKVILLE, IL 60560 US

New Principal Place of Business:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523 US

Current Mailing Address:

P.O. BOX 339
YORKVILLE, IL 60560 US

New Mailing Address:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523 US

FEI Number: 06-1516636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINT ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FAILLA, JOHN
Address: P.O. BOX 339
City-St-Zip: YORKVILLE, IL 60560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BENJAMIN, DAVID M
Address: 2901 BUTTERFIELD ROAD
City-St-Zip: OAK BROOK, IL 60523

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.

SIGNATURE: DAVID M. BENJAMIN

DPST

05/19/2005

Electronic Signature of Signing Officer or Director

Date