# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2008 8:00 am**
**Secretary of State**
04-23-2008 90029 031 ***150.00

DOCUMENT # 677687

1. Entity Name
EAGLE-ILLINOIS FARM CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| FIRST MID-ILLINOIS BANK & TRUST<br>1515 CHARLESTON AVE., ATTN: MARK C. COX<br>MATTOON, IL 61938 US | FIRST MID-ILLINOIS BANK & TRUST<br>1515 CHARLESTON AVE., ATTN: MARK C. COX<br>MATTOON, IL 61938 US |

03102008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2008582 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ~~PHILLIPS, PHILIP D JR~~<br>~~3728 PHILLIPS HWY 39~~<br>~~JACKSONVILLE, FL 32207~~ | Name: Alex J. Ricks<br>Street Address (P.O. Box Number is Not Acceptable): 601 Riverside Ave., 11th Floor<br>City: Jacksonville FL Zip Code: 32204 |

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: Alex J. Ricks 4/7/08
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, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PDT<br>STAUDER, CLAUS<br>~~C/O P. PHILLIPS, 3728 PHILLIPS HWY 39~~<br>~~JACKSONVILLE, FL 32207~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Staudersstrasse 88<br>Essen, Germany 45326 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RICKS, ALEX J<br>601 RIVERSIDE AVE<br>JACKSONVILLE, FL 32204 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STAUDER, CLAUS<br>~~C/O P. PHILLIPS, 3728 PHILLIPS HWY. 39~~<br>~~JACKSONVILLE, FL 32207~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Staudersstrasse 88<br>Essen, Germany 45326 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DONNERSMARCK, WINFRIED<br>~~C/O P. PHILLIPS, 3728 PHILLIPS HWY. 39~~<br>~~JACKSONVILLE, FL 32207~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>Talstrasse 66<br>Zurich, Switzerland CH 8001 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Alex J. Ricks Alex J. Ricks Secretary 4/7/08 904 554 8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #