


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 018 ***150.00

DOCUMENT # 838762					
1. Entity Name CANDLE CORPORATION OF AMERICA					
Principal Place of Business 999 E. TOUHY STE 500 DES PLAINES, IL 60018 US		Mailing Address 999 E. TOUHY STE 500 DES PLAINES, IL 60018 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-1434610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1240 SOUTH PINE ISLAND RD FORT LAUDERDALE, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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	P KOSMALKI, STEPHEN 999 E. TOULTRAVE STE 500 DES PLAINES, IL 60018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	999 E. TOUHY AVE., STE 500	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, WALTER 999 E TOUHY AVE., STE. 500 DES PLAINES, IL 60018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	999 E. TOUHY AVE., STE 500	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOERGEN, BOB 1 EAST WEAVER ST GREENWICH, CT 06831	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIELINSKI, RICHARD 999 E. TOUHY AVE STE 500 DES PLAINES, IL 60018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 999 E. TOUHY AVE., STE 500	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KREIGER, BRUCE D 999 E. TOUHY AVE STE 500 DES PLAINES, IL 60018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I EAST WEAVER ST GREENWICH, CT 06831	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCF BARGHAUS, ROBERT H 10 EAST WEAVER STREET GREENWICH, CT-06831	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 1 EAST WEAVER ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Richard Zielinski</i> RICHARD ZIELINSKI 4/14/05 (847)294-1100					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

ATTACHMENT

#838762 / 2005866

Candle Corporation of America
FEIN: 11-1434610

Additional Officers/Directors

TITLE	NAME	ADDRESS
D	CRAIN, BRUCE G.	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
TV	CASEY, JANE F.	1 EAST WEAVER ST, GREENWICH, CT 06831
V	FRIBERT, PAUL	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	GRAU, AMY	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	LONG, GREG	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	LANMAN, JOHN	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	WINDER, GARY	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	SLOUKA, ARTHUR	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	REDMON, MICHELE	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	RANMAKER, JAMES K.	1000 CANDLE WYCKE LANE, ELKIN, NC 28621
V	LEICHTWEIS, CHARLES	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	GARDNER, JOHN	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	ELMHORST, RANDALL	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
V	YTTRI, DIANE	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018