


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 839449</b> 1. Entity Name <b>THE L.E. MYERS CO.</b>	
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Principal Place of Business <b>1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008 US</b>	Mailing Address <b>1701 W GOLF RD. STE 1012 ROLLING MEADOWS, IL 60008 US</b>
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-1517230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MEDICI, GREG 1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREEN, WILLIAM H 1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGEN, GERALD B JR 12150 E 112TH AVE HENDERSON, CO 80640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, MARCO 1701 W. GOLF RD., SUITE 102 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOERTNER, WILLIAM A 1701 W. GOLF RD., SUITE 1012 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

UD0000356109  
05/04/05-80022-013 150.00

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: Greg R. Medici Greg R. Medici 4/29/05 (847) 290-1891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #