


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90192 011 \*\*\*150.00

<b>DOCUMENT # 839449</b> 1. Entity Name <b>THE L.E. MYERS CO.</b>					
Principal Place of Business <b>1701 W GOLF RD #1012</b> <b>ROLLING MEADOWS, IL 60008 US</b>			Mailing Address <b>1701 W GOLF RD. STE 1012</b> <b>ROLLING MEADOWS, IL 60008 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>36-1517230</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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			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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
AT MEDICI, GREG 1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008			Controller Gregory T. Wolf 1701 W. Golf Rd. Ste 1012 Rolling Meadows IL 60008		
SVP GREEN, WILLIAM H 1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008			SD ENGEN, GERALD B JR 12150 E 112TH AVE HENDERSON, CO 80640		
T MARTINEZ, MARCO 1701 W. GOLF RD., SUITE 102 ROLLING MEADOWS, IL 60008			PD KOERTNER, WILLIAM A 1701 W. GOLF RD., SUITE 1012 ROLLING MEADOWS, IL 60008		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: <i>Gregory T. Wolf</i>			SIGNATURE: <i>Gregory T. Wolf</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/20/06 (847) 290-1891		

**50017266**



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