


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 839449 1. Entity Name THE L.E. MYERS CO.	
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Principal Place of Business 1701 W GOLF RD #1012 ROLLING MEADOWS, IL 60008 US	Mailing Address 1701 W GOLF RD. STE 1012 ROLLING MEADOWS, IL 60008 US
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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1517230	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	C WOLF, GREGORY T 1701 W GOLF RD STE 1012 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08-80070-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 **(847) 290-1891**
Date Daytime Phone