

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003711

Entity Name: BUSKE LINES, INC.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

#7 WEST GATEWAY COMMERCE CENTER DRIVE
EDWARDSVILLE, IL 62025

New Principal Place of Business:

Current Mailing Address:

PO BOX 929
EDWARDSVILLE, IL 62025

New Mailing Address:

FEI Number: 37-0200050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BUSKE, THOMAS H
Address: #7 WEST GATEWAY COMMERCE CENTER DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

Title: S () Delete
Name: BUSKE, THOMAS H
Address: #7 WEST GATEWAY COMMERCE CENTER DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS H. BUSKE

CP

02/20/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date