2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003711

Entity Name: BUSKE LINES, INC

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Mar 20, 2009 Secretary of State

Littly Na	ille. DOOKE L	INES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
#7 WEST GATEWAY COMMERCE CENTER DRIVE EDWARDSVILLE, IL 62025				#7 GATEWAY COMMERCE CENTER DRIVE WEST EDWARDSVILLE, IL 62025		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 9 EDWARD	29 SVILLE, IL 620)25				
FEI Number: 37-0200050		FEI Number Applied For()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU PLANTAT	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD US	virnaga of changing	ita ragiataraa	d office or registered agent or both	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BUSKE, THOM #7 WEST GATE EDWARDSVILL	EWAY COMMERCE CENTER DRIVE E, IL 62025	Title: Name: Address: City-St-Zip:	BUSKE, THO #7 GATEWA EDWARDSV	Y COMMERCE CENTER DRIVE WEST ILLE, IL 62025	
Title: Name: Address: City-St-Zip:	BUSKE, THOM	EWAY COMMERCE CENTER DRIVE	Title: Name: Address: City-St-Zip:	BABINGTON #7 GATEWA	(X) Change () Addition , JOHN D Y COMMERCE CENTER DRIVE WEST (ILLE, IL 62025	

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.

Title:

Name:

Address:

SECT

City-St-Zip: EDWARDSVILLE, IL 62025

SIGNATURE: THOMAS H BUSKE OWNE 03/20/2009

() Change (X) Addition

#7 GATEWAY COMMERCE CENTER DRIVE WEST

MUETH-POETTKER, LINDA M