

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001909

**FILED**  
**Nov 06, 2008**  
**Secretary of State**

**Entity Name:** 95 PERCENT GROUP INC.

**Current Principal Place of Business:**

4466 KETTERING DR  
LONG GROVE, IL 60047

**New Principal Place of Business:**

1477 BARCLAY BLVD  
BUFFALO GROVE, IL 60089

**Current Mailing Address:**

4466 KETTERING DR  
LONG GROVE, IL 60047

**New Mailing Address:**

1477 BARCLAY BLVD  
BUFFALO GROVE, IL 60089

**FEI Number:** 36-4305515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: C T CORPORATION

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: HALL, SUSAN L  
Address: 4466 KETTERING DR  
City-St-Zip: LONG GROVE, IL 60047

Title: VPST ( ) Delete  
Name: HALL, C. DAVID L  
Address: 4466 KETTERING DR  
City-St-Zip: LONG GROVE, IL 60047

Title: VC (X) Delete  
Name: HALL, C. DAVID L  
Address: 4466 KETTERING DR  
City-St-Zip: LONG GROVE, IL 60047

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPST (X) Change ( ) Addition  
Name: HALL, C. DAVID  
Address: 4466 KETTERING DR  
City-St-Zip: LONG GROVE, IL 60047

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: C. DAVID HALL

VPST

11/06/2008

Electronic Signature of Signing Officer or Director

Date