


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F07000005943**

1. Entity Name  
**GRIPPLE INCORPORATED**



Principal Place of Business      Mailing Address

1510 HUBBARD AVE      1510 HUBBARD AVE  
 BATAVIA, IL 60510      BATAVIA, IL 60510

**DO NOT WRITE IN THIS SPACE**



03312008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**36-3684806**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000889887  
 04/22/08-80071-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FACEY, HUGH D
STREET ADDRESS	CLIFFORD HOUSE, ECCLESALL RD SOUTH
CITY-ST-ZIP	WHIRLOW, SHEFFIELD ENGLAND, S11 9PX
TITLE	S
NAME	SHAD, DAWN
STREET ADDRESS	314 DEERFIELD WAY
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	T
NAME	HALL, ROGER
STREET ADDRESS	408 DOURADES, APARTADO 3164
CITY-ST-ZIP	ALGGARVE PORTUGAL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 of 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 empowers.

SIGNATURE: *Dawn M. Shad*      Dawn m. Shad      4/4/08      630-406-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #