


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90360 019 \*\*\*150.00

**DOCUMENT # F96000006312**

1. Entity Name  
**AMERICAN ADMINISTRATIVE GROUP, INC.**



Principal Place of Business      Mailing Address  
**2 PIERCE PLACE**      **2 PIERCE PLACE**  
**ITASCA, IL 60143**      **ITASCA, IL 60143**

2. Principal Place of Business      3. Mailing Address  
**750 Warrenville Rd.**      **750 Warrenville Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#200**      **#200**

City & State      City & State  
**Lisle, IL**      **Lisle, IL**

Zip      Country      Zip      Country  
**60532**      **USA**      **60532**      **USA**

40042750



03162006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**36-4099199**       Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D, CEO, Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DURKIN, JAMES W JR			NAME	PARKER, TED L.		
STREET ADDRESS	2 PIERCE PLACE			STREET ADDRESS	2002 WEST LOOP 289, SUITE 108		
CITY-ST-ZIP	ITASCA, IL 60143			CITY-ST-ZIP	LUBBOCK, TX 79407		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D, CFO, EVP, Treas, Sec	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FANSLER, GARY R			NAME	DEMBERECKYJ, WILLIAM		
STREET ADDRESS	2 PIERCE PLACE			STREET ADDRESS	2002 WEST LOOP 289, SUITE 108		
CITY-ST-ZIP	ITASCA, IL			CITY-ST-ZIP	LUBBOCK, TX 79407		
TITLE	VS	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENGREN, JOHN C			NAME	FANSLER, GARY R.		
STREET ADDRESS	2 PIERCE PLACE			STREET ADDRESS	750 WARRENVILLE RD SUITE 200		
CITY-ST-ZIP	ITASCA, IL 60143			CITY-ST-ZIP	LISLE, IL 60532		
TITLE	CFO	<input checked="" type="checkbox"/> Delete		TITLE	V, GEN COUNSEL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARAHER, JOHN J			NAME	BUTTS, DIANA F.		
STREET ADDRESS	2 PIERCE PLACE			STREET ADDRESS	130 EAST WILSON BRIDGE RD #310		
CITY-ST-ZIP	ITASCA, IL 60143			CITY-ST-ZIP	WORTHINGTON, OH 43085		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	ASSISTANT SEC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAZZARO, JACK H			NAME	HEDLUND, MICHAEL		
STREET ADDRESS	TWO PIERCE PL			STREET ADDRESS	2002 WEST LOOP 289, SUITE 108		
CITY-ST-ZIP	ITASCA, IL 60143			CITY-ST-ZIP	LUBBOCK, TX 79407		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** \_\_\_\_\_ **Diana F. Butts, Vice President**      **3/28/06**      **(614) 854-0831**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #