


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90088 032 ***150.00

DOCUMENT # F98000005013

1. Entity Name
VALUEPART, INCORPORATED



Principal Place of Business
**850 MILWAUKEE AVE
 SUITE 207
 VERNON HILLS, IL 60061 US**

Mailing Address
**C/O DEERE & CO TAX DEPT
 ONE JOHN DEERE PLACE
 MOLINE, IL 61265-8098 US**

2. Principal Place of Business
100 Lakeview Pkwy

3. Mailing Address
100 Lakeview Pkwy

Suite, Apt. #, etc.

City & State
Vernon Hills, IL

City & State
Vernon Hills, IL

Zip Country
60061 U.S.A.

Zip Country
60061 U.S.A.



02042004 Chg-P CR2E034 (10/03)

4. FEI Number
36-4203880

Applied For
 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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 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	P/D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYSA, MIKKO O		NAME	Brett Clemens	
STREET ADDRESS	1515 5TH AVE.		STREET ADDRESS	100 Lakeview Parkway	
CITY-ST-ZIP	MOLINE, IL 61265		CITY-ST-ZIP	Vernon Hills, IL 60061	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, JUDITH E		NAME	John Vondran	
STREET ADDRESS	850 MILWAUKEE AVE		STREET ADDRESS	100 Lakeview Parkway	
CITY-ST-ZIP	VERNON HILLS, IL 60061		CITY-ST-ZIP	Vernon Hills, IL 60061	
TITLE	V/D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDONI, OSCAR		NAME		
STREET ADDRESS	ONE JOHN DEERE PLACE		STREET ADDRESS		
CITY-ST-ZIP	MOLINE, IL 61265		CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOET, JOHN W		NAME		
STREET ADDRESS	1515 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MOLINE, IL 61265		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, THOMAS K		NAME		
STREET ADDRESS	ONE JOHN DEERE PLACE		STREET ADDRESS		
CITY-ST-ZIP	MOLINE, IL 61265		CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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: *Brett Clemens* Date: *2/9/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR