

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212525308

1.) CORPORATION NAME:

MEDCOR, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1516535**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4805 W PRIME PKWY

CITY/ST/ZIP: MCHENRY, IL 60050

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILIP SEEGER		
TITLE:	P/CEO		
ADDRESS:	4805 W PRIME PKWY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIM SAHOURI		
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CURTIS SMITH		
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PKWY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BENNET PETERSEN		
TITLE:	S/T/COO		
ADDRESS:	4805 W PRIME PKWY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JERRY MYERS		
TITLE:	CHAIRMAN		
ADDRESS:	4805 W PRIME PKWY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CURTIS SMITH		
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

NAME:	PETER KLEEBURG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	ROBERT DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	JERRY JASKOWIAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	MARK LARSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	CHERYL SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	THOMAS GLIMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CMO		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	JOHN CROTTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	BRIAN BREMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		
NAME:	ROB ROTHERMEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4805 W PRIME PARKWAY		
CITY/ST/ZIP/CO:	MCHENRY, IL 60050		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BENNET PETERSEN	BENNET PETERSEN, S/T/COO	7/5/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.