2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# 817139

Entity Name: TRAYLOR BROS., INC.

Current Principal Place of Business:

835 N. CONGRESS AVE. (47715)
P.O. BOX 5165
EVANSVILLE, IN 477165165 US

New Principal Place of Business:

Current Mailing Address:

835 N. CONGRESS AVE. (47715)
P.O. BOX 5165
EVANSVILLE, IN 477165165 US

New Mailing Address:

FEI Number: 35-0799154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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: ____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: TRAYLOR, THOMAS W
Address: 835 N CONGRESS AVENUE
City-St-Zip: EVANSVILLE, IN 47715 US

Title: SVD ( ) Delete
Name: ANNAKIN, JOSEPH W
Address: 835 N. CONGRESS AVENUE
City-St-Zip: EVANSVILLE, IN 47715 US

Title: TAS ( ) Delete
Name: SCHMIDT, DENNIS A
Address: 835 N CONGRESS AVENUE
City-St-Zip: EVANSVILLE, IN 47715 US

Title: VD ( ) Delete
Name: TRAYLOR, GLEN R
Address: 2021 MIDWEST ROAD SUITE 200
City-St-Zip: OAK BROOK, IL 60521 US

Title: VD ( ) Delete
Name: WILLIAMSON, GEORGE E
Address: 20470 MOCKINGBIRD ROAD
City-St-Zip: BODEGA BAY, CA 94923 US

Title: V ( ) Delete
Name: DASTUR, J H
Address: 34 EXECUTIVE PARK SUITE 100
City-St-Zip: IRVINE, CA 92614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS A SCHMIDT TAS 03/09/2004

Electronic Signature of Signing Officer or Director — Date