


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000006606

1. Entity Name
CGN & ASSOCIATES, INC.



Principal Place of Business
**415 S.W. WASHINGTON STREET
 PEORIA, IL 61602**

Mailing Address
**415 S.W. WASHINGTON STREET
 PEORIA, IL 61602**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1344041 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**

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, 2004 Fee will be \$550.00**

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

000000132719
 04/27/04-60058-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUHA, SESHADRI 415 S.W. WASHINGTON STREET PEORIA, IL 61602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHEUNG, C. PATRICK 17187 N. LAUREL DRIVE, SUITE 437 LIVONIA, MI 48152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NATH, ADITYA 415 S.W. WASHINGTON STREET PEORIA, IL 61602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL, GARY 1200 E GLEN AVE PEORIA, IL 61614
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 exemption stated in Section 119.07(3)(f), 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: _____ **4/23/04** _____

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