


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 009 ***150.00

DOCUMENT # F01000004907					
1. Entity Name SAWGRASS & SPECTRUM SDCO, INC.					
Principal Place of Business 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111-5358			Mailing Address 875 N. MICHIGAN AVE. 41 FLOOR CHICAGO, IL 60611		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 36-4467468	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOK, ROBERT J	NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVE., 41ST FLOOR	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611901	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURGER, STEPHEN T	NAME	Paula M. Ferkull		
STREET ADDRESS	320 PARK AVENUE, SUITE 1700	STREET ADDRESS	875 N. Michigan Ave., 41st Fl.		
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	Chicago, IL 60611		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BREUNER, DAVID T	NAME	Susan E. McClintock		
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR	STREET ADDRESS	875 N. Michigan Ave., 41st Fl.		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115358	CITY-ST-ZIP	Chicago, IL 60611-1901		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPPE, STEPHEN M	NAME			
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO, CA 941115358	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KACHADURIAN, GARY T	NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVE., 41ST FLOOR	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611901	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, DONALD A JR.	NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVE., 41ST FLOOR	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611901	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: <i>Susan E. McClintock</i>		Susan E. McClintock, Asst. Sec.		2/2/05 312-266-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	