2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005747

1. Entity Name
HINES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
115 E. HIGHLAND AVE ELGIN, IL 60120	115 E. HIGHLAND AVE ELGIN, IL 60120

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
36-3545085	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERRINS, KATHLEEN
11994 LAKE ALLEN DRIVE
LARGO, FL 33773

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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

U00000143142
04/30/04-80080-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	CDPS
NAME	HINES, JUDITH C
STREET ADDRESS	115 E. HIGHLAND AVE
CITY-ST-ZIP	ELGIN, IL 60120
TITLE	T
NAME	HINES, JUDITH C
STREET ADDRESS	115 E. HIGHLAND AVE
CITY-ST-ZIP	ELGIN, IL 60120
TITLE	VP
NAME	ZURBLIS, EILEEN
STREET ADDRESS	ON488 BAKER DRIVE
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 affect 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: _Eileen Zurblis Eileen VP Op_   4/23/04   847741386

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