

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001785

FILED
Mar 10, 2009
Secretary of State

Entity Name: ROBERT H. WARD & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

3300 HOLEMAN AVE.
SOUTH CHICAGO HEIGHTS, IL 60411

New Principal Place of Business:

Current Mailing Address:

3300 HOLEMAN AVE.
SOUTH CHICAGO HEIGHTS, IL 60411

New Mailing Address:

FEI Number: 36-3334233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RADZIEWICZ, DONNA
6210 IKE'S CABIN CT.
PALMETTO, FL 34221 US

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: P () Delete
Name: TINBERG, JOHN E
Address: 210 E. MAZON
City-St-Zip: DWIGHT, IL 60420

Title: V () Delete
Name: RQAGO, ANTHONY F
Address: 501 BRYAN TRIL
City-St-Zip: NEW LENOX, IL 60451

Title: S () Delete
Name: RAGO, ANTHONY F
Address: 501 BRYAN TRIL
City-St-Zip: NEW LENOX, IL 60451

Title: T () Delete
Name: TINBERG, JOHN E
Address: 210 E. MAZON
City-St-Zip: DWIGHT, IL 60420

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY F. RAGO

Electronic Signature of Signing Officer or Director

V.P.

03/10/2009

_____ Date