## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000001962

City-St-Zip:

CAMBRIDGE INVESTMENT RESEARCH, INC.

FILED Feb 12, 2004 Secretary of State

Entity Name: CAMBRIDGE INVESTMENT RESEARCH, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	LINGTON AV D, IA 52556	ENUE			
Current Mailing Address:			New Mailing Address:		
	LINGTON AV D, IA 52556	ENUE			
FEI Number	: 42-1445429	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
WARGO, 0 2627 MCC CLEARWA	GARY T ORMICK DR ATER, FL 337	591036 US			
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATU					
Election Car		nic Signature of Registered Ag  g Trust Fund Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( SCHWARTZ, E 56 E. BURLING FAIRFIELD, IA	STON AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS ( DOLLIVE, PET 56 E. BURLING FAIRFIELD, IA	STON AVE	Title: Name: Address: City-St-Zip:	VTD (X) Change ( ) Addition DOLLIVE, PETER 56 E. BURLINGTON AVE FAIRFIELD, IA 52556	
Title: Name: Address: City-St-Zip:	T ( LISTER, TERF 56 E. BURLING FAIRFIELD, IA	STON AVE	Title: Name: Address: City-St-Zip:	VSD (X) Change ( ) Addition WEBBER, AMY 56 E. BURLINGTON AVE FAIRFIELD, IA 52556	
Title: Name: Address:	(	) Delete	Title: Name: Address:	VD ( ) Change (X) Addition GUY, JAMES 56 E. BURLINGTON AVE.	

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.

City-St-Zip:

FAIRFIELD, IA 52556

SIGNATURE: ERIC SCHWARTZ P 02/12/2004