2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001895

1. Entity Name
HORWITZ & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
630 DUNDEE ROAD SUITE 345 NORTHBROOK, IL 60062	630 DUNDEE ROAD SUITE 345 NORTHBROOK, IL 60062

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2708269 — 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

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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

U000001215S9
04/20/04-80060-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	HORWITZ, GERALD A
STREET ADDRESS	630 DUNDEE ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	DS
NAME	HORWITZ, ROBERTA
STREET ADDRESS	630 DUNDEE ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	DV
NAME	SCHWARTZ, JERRY
STREET ADDRESS	630 DUNDEE ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
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 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: _____ 4/15/2004 847-790-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #