


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P13754
 1. Entity Name
 MID-AMERICA RESEARCH, INC.



Principal Place of Business 999 NORTH ELMHURST ROAD 210 MT. PROSPECT, IL 60056	Mailing Address 999 NORTH ELMHURST ROAD 210 MT. PROSPECT, IL 60056
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3306438	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
 OTTENFELD, MARSHALL
 303 US 301 BLVD. WEST
 SUITE 811, DESOTO SQUARE MALL
 BRADENTON, FL 34205

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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 _____ *N/A* _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OTTENFELD, MARSHALL 999 NORTH ELMHURST ROAD MT. PROSPECT, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTTENFELD, GLORIA J 999 NORTH ELMHURST ROAD MT. PROSPECT, IL
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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: *Marisa J. Ottenfeld* _____ Date: *4-29-04* Daytime Phone #: *(847) 870-6250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR