

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90306 022 \*\*\*150.00

DOCUMENT # P98000074973

1. Entity Name  
 278 POST STREET, INC.



Principal Place of Business: 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308  
 Mailing Address: 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308

**94049519**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

01232004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3532176

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E  
 1801 HERMITAGE BLVD., SUITE 600  
 TALLAHASSEE, FL 32308

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVAS  Delete  
 NAME SMITH, JEFFERY L  
 STREET ADDRESS 1801 HERMITAGE BLVD  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VT  Delete  
 NAME SMITH, ROGER E  
 STREET ADDRESS 180 N LASALLE ST  
 CITY-ST-ZIP CHICAGO, IL 60601

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 191 N. Wacker Drive, Suite 2500  
 CITY-ST-ZIP Chicago, IL 60606

TITLE V  Delete  
 NAME BURDI, THOMAS M  
 STREET ADDRESS 1801 N LASALLE STREET  
 CITY-ST-ZIP CHICAGO, IL 60601

TITLE  Change  Addition  
 NAME VAS  
 STREET ADDRESS 191 N. Wacker Drive, Suite 2500  
 CITY-ST-ZIP Chicago, IL 60606

TITLE DVAT  Delete  
 NAME GRAY, LYNNE M  
 STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VS  Delete  
 NAME MCCARTHY, THOMAS  
 STREET ADDRESS 180 N. LASALLE STREET  
 CITY-ST-ZIP CHICAGO, IL 60601

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 191 N. Wacker Dr., Suite 2500  
 CITY-ST-ZIP Chicago, IL 60606

TITLE D  Delete  
 NAME BENNETT, DOUGLAS W  
 STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Roger E. Smith* **Roger E. Smith, VP/Treasurer** Date **4/7/04** Daytime Phone # **(312) 855-5700**