

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90102 022 ***150.00

DOCUMENT # 843498
 1. Entity Name
 WISS, JANNEY, ELSTNER ASSOCIATES, INC.



Principal Place of Business: 330 PFINGSTEN RD. NORTHBROOK, IL 60062
 Mailing Address: 330 PFINGSTEN RD. NORTHBROOK, IL 60062

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number: 36-2757956
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION, FL 33324.
 7. Name and Address of New Registered Agent: 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: _____ (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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANNEY, JACK R.			NAME			
STREET ADDRESS	2109 INVERNESS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAWRENCE, KS 66047			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, GARY J.			NAME			
STREET ADDRESS	330 PFINGSTEN ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNDERMAN, HARRY J			NAME			
STREET ADDRESS	330 PFINGSTEN ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	METZ, FRED L.			NAME	Oczkowski, Thomas S.		
STREET ADDRESS	760 INTERLAKEN			STREET ADDRESS	330 Pfingsten Rd, Northbrook, IL 60062		
CITY-ST-ZIP	LAKE ZURICH, IL 60047			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOOB, MICHAEL J			NAME	Rowe, Thomas J.		
STREET ADDRESS	330 PFINGSTEN ROAD			STREET ADDRESS	330 Pfingsten Rd, Northbrook, IL 60062		
CITY-ST-ZIP	NORTHBROOK, IL 60062			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPOVIC, PREDRAG			NAME			
STREET ADDRESS	330 PFINGSTEN ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTHBROOK, IL 60062			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: Thomas S. Oczkowski Date: 4-9-04 Daytime Phone #: 847-272-7400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR