

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90313 029 ***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

50037072



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANNEY, JACK R.
STREET ADDRESS	2109 INVERNESS DRIVE
CITY- ST- ZIP	LAWRENCE, KS 66047
TITLE	VP
NAME	KLEIN, GARY J.
STREET ADDRESS	330 PFINGSTEN ROAD
CITY- ST- ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	HUNDERMAN, HARRY J
STREET ADDRESS	330 PFINGSTEN ROAD
CITY- ST- ZIP	NORTHBROOK, IL 60062
TITLE	VP
NAME	OCZKOWSKI, THOMAS S
STREET ADDRESS	330 PFINGSTEN RD
CITY- ST- ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	ROWE, THOMAS
STREET ADDRESS	330 PFINGSTEN RD.
CITY- ST- ZIP	NORTHBROOK, IL 60062
TITLE	VP
NAME	POPOVIC, PREDRAG
STREET ADDRESS	330 PFINGSTEN ROAD
CITY- ST- ZIP	NORTHBROOK, IL 60062

**DO NOT WRITE
IN THIS SPACE**

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

Thomas S. Oczkowski

4/14/05

847-272-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #