## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F00000001028** 

## FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90129 007 \*\*\*150.00

1. Entity Nan GE ZENI		FROLS, INC.											
Principal Place of Business ONE OAK HILL CENTER, SUITE 301 WESTMONT, IL 60559			Mailing Address PO BOX 2216 SUITE 300 SCHENECTADY, NY 12301				94084112						
2. Principal F			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0107200	4	Chg-P	c	CR2E0:	34 (10/03)	)
City & State CHICAGO, IL			City & State				4. FEI Num 36-43		7				pplied For lot Applicable
Zip Country USA			Zip	Country			5. Certifica	ite of St	etus Desire	ed [		\$8.75 Ac	
	6. Name	and Address of Current F	Registered Agent				7. Name a	nd Add	ress of Ne	w Regis	tered A	gent	
C T CORF 1200 SOU PLANTAT	ITH PINE I	SLAND ROAD		Name Street Address (P.O. Box Number is Not Acceptable)									
					City						FL	Zip Cod	de
the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or I	ooth, in	the State o	f Florida	. I am f	L amiliar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered	d Agent signatu	re required	when reinstating)				DATE		<del></del>
		FEE IS \$150.00 1 Fee will be \$550.0	9. Election Campai Trust Fund Cont.	_	icing		00 May Be ed to Fees						
10.		OFFICERS AND D	DIRECTORS	11.			ADDITION	S/CHA	NGES TO (	OFFICER	RS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6901 ELM	JAMES R WOOD AVENUE LPHIA, PA 19142	☐ Delete									Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RONALD TH STREET 0, IL 60609	☐ Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete									Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 WOOD	JRNE, JAMES S FORD AVE. E, CT 06062	☐ Delete		i							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6465 EAS	MERY, DONALD E T JOHNS CROSSING GA 30097	💢 Delete			12 0	AT IAM W. ORPORA NY, NY	TE W	OODS	BLVD	•	☐ Change	XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	BARBARA A DRATE WOODS BLVD. NY 12211	☐ Delete									☐ Change '	☐ Addition
													_

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: BARBARA A. MEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. MELITA VP & AT

(518) 433 – 4337

Daytime Phone #