


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90079 010 ***158.75

DOCUMENT # F00000006613		
1. Entity Name SYNERGENCE GROUP, INC.		

Principal Place of Business 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	Mailing Address 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


01072004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4399129		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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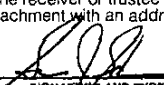
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BALLARD, DANIEL J <input checked="" type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV COHEN, JUDITH <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DESMOND COUSINO, DARRAH <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIDAY, DENISE S <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC HEADLEY, PETER F <input checked="" type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV HUDSON, BEVERLY G <input type="checkbox"/> Delete 200 N. LASALLE STREET, SUITE 400 CHICAGO, IL 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Susan J. Schuman** 1/17/04 312-419-4951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 24002691
#F000000006613

2004 Florida Uniform Business Report
Question #12 Attachment
Additions/Changes to Officers and Directors in Question #11

Synergence Group, Inc.
200 N. LaSalle Street, Suite 400
Chicago, Illinois 60601

Title
***Name**
Street Address
City, State, Zip

D
Jon N. Ekdahl
515 N. State Street
Chicago, Illinois 60610

☐ Change ☒ Addition

Title
Name
Street Address
City, State, Zip

VD
Denise S. Friday
200 N. LaSalle Street, Ste. 400
Chicago, Illinois 60601

☒ Change ☐ Addition

Title
***Name**
Street Address
City, State, Zip

D
Denise M. Hagerty
515 N. State Street
Chicago, Illinois 60610

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

TVD
Mary A. McHugh
200 N. LaSalle Street, Ste. 400
Chicago, Illinois 60601

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

DC
Robert A. Musacchio, PhD
515 N. State Street
Chicago, Illinois 60610

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

AV
Mary T. Schnur
200 N. LaSalle Street, Ste. 400
Chicago, Illinois 60601

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

VS
Susan J. Schuman
200 N. LaSalle Street, Ste. 400
Chicago, Illinois 60601

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

D
J. Todd Vande Hey
515 N. State Street
Chicago, Illinois 60610

☐ Change ☒ Addition

Title
***Name**
Street Address
City, State, Zip

AV
Cynthia K. Warden
200 N. LaSalle Street, Ste. 400
Chicago, Illinois 60601

☐ Change ☒ Addition

*Previously reported.