

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000006642

1. Entity Name
TRANSWESTERN COMMUNICATIONS COMPANY, INC.



Principal Place of Business
**8344 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111**

Mailing Address
**8344 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0572458

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUENTE, RICARDO
STREET ADDRESS 8344 CLAIREMONT MESA BLVD
CITY-ST-ZIP SAN DIEGO, CA

TITLE VSD
NAME BLOCH, LAURENCE H
STREET ADDRESS 8344 CLAIREMONT MESA BLVD
CITY-ST-ZIP SAN DIEGO, CA

TITLE V
NAME FIORITO, JOAN M
STREET ADDRESS 8344 CLAIREMONT MESA BLVD
CITY-ST-ZIP SAN DIEGO, CA

TITLE D
NAME PERRY, CHRISTOPHER J
STREET ADDRESS 231 S. LASALLE STREET
CITY-ST-ZIP CHICAGO, IL

TITLE D
NAME WEDNER, MARCUS
STREET ADDRESS 231 S. LASALLE STREET
CITY-ST-ZIP CHICAGO, IL

TITLE D
NAME BOLL, C. HUNTER
STREET ADDRESS 75 STATE STREET
CITY-ST-ZIP CHICAGO, IL

**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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/Asst Secretary 1/23/04 (858) 467-2800