2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002765

FILED Apr 01, 2004 Secretary of State

Entity Name: NEW HAVEN MOVING EQUIPMENT CORP. OF ILLINOIS

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1110 FULL ADDISON,	ERTON AVE. IL 60101					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 509 FREDRICK BURG, VA 22404			#104	4820 SOUTHPOINT DRIVE #104 FREDERICKSBURG, VA 22407		
FEI Number:	36-3278563	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD				
	named entity s of Florida.	submits this statement for the p	urpose of changing i	its registered of	fice or registered agent, or bo	oth,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	_
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () LEVINE, JAMES 42 DUKES CIR LINCOLNSHIRE	CLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () LEVINE, LAWR 638 N. CHEROI LOS ANGELES	KEE AVE.	Title: Name: Address: City-St-Zip:	VD (X) LEVINE, LAWRI 197 HEATH ME SIMI VALLEY, C	NDOW PLACE	
Title: Name: Address: City-St-Zip:	STD () LEVINE, ROGE 41 WASHINGTO EAST HAVEN, O	ON STREET	Title: Name: Address: City-St-Zip:	()	Change () Addition	
			Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	SIGNATURE: DANA A. HEARN	CFO	04/01/2004
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