

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005299

FILED
Mar 29, 2004
Secretary of State

Entity Name: RJO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1730 AKRON-PENINSULA ROAD
AKRON, OH 44313

New Principal Place of Business:

Current Mailing Address:

1730 AKRON-PENINSULA ROAD
AKRON, OH 44313

New Mailing Address:

FEI Number: 34-1770917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: O'DONNELL, RICHARD J
Address: 646 DELAWARE DRIVE
City-St-Zip: AKRON, OH 44306

Title: VT () Delete
Name: O'DONNELL, RICHARD J
Address: 646 DELAWARE DRIVE
City-St-Zip: AKRON, OH 44306

Title: S () Delete
Name: VIDA KOVICS, KATHY K
Address: 109 QUAKER RIDGE
City-St-Zip: AKRON, OH 44313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VIDA KOVICS, KATHY K
Address: 2390 STOCKBRIDGE RD
City-St-Zip: AKRON, OH 44313

Title: S (X) Change () Addition
Name: VIDA KOVICS, KATHY K
Address: 2390 STOCKBRIDGE RD
City-St-Zip: AKRON, OH 44313

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: KATHY VIDA KOVICS

VP

03/29/2004

Electronic Signature of Signing Officer or Director

Date