

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90035 032 ***150.00

DOCUMENT # F02000002174

1. Entity Name
CRUNCH FITNESS INTERNATIONAL, INC.



Principal Place of Business
**8700 WEST BRYN MAWR AVE.
CHICAGO, IL 60631**

Mailing Address
**8700 WEST BRYN MAWR AVE.
CHICAGO, IL 60631**

34031819



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4474644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO TOBACK, PAUL A 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANELLI, WILLIAM 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAAN, CARY A 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEITLIN, GEOFF 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, JOHN W 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIEGEL, RONALD E 8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631

**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)(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: *Ronald E Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____