

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90098 001 \*\*\*900.00

**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**

**66001094**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4474644**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
TOBACK, PAUL A  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FANELLI, WILLIAM  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Acting CFO, Senior VP** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GAAN, CARY A  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Senior VP, Secretary + Director  
Marc D. Brossewitz  
8700 W. Bryn Mawr Ave  
Chicago, IL 60631** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SHEITLIN, GEOFF  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**scheitlin, Geoff** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DWYER, JOHN W  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
SIEGEL, RONALD E  
8700 WEST BRYN MAWR AVE.  
CHICAGO, IL 60631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Ronald E Siegel** **Ronald E. Siegel - Assistant Secretary** **1-20-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #