


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
04 MAY 13 PM 1:31

DOCUMENT # F02000002197 1. Entity Name RELAY, INC.	
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Principal Place of Business 303 EAST WACKER DRIVE STE 400 CHICAGO, IL 60601	Mailing Address 1507 WOODSON ROAD SAINT LOUIS, MO 63114
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05102004	Chg-P	CR2E034 (10/03)
4. FEI Number 75-3029714	Applied For <input type="checkbox"/> 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
600037005196
05/21/04--01091--027 **\$8.75
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004 *

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

WAIVER OF LATE FEE
***REQUESTED - RELAY, INC.**
DID NOT RECEIVE REPORT.

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE	PCEO	<input checked="" type="checkbox"/>
NAME	HAYWARD, WALLACE M	
STREET ADDRESS	303 EAST WACKER DRIVE STE 400	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	DCEO	<input checked="" type="checkbox"/>
NAME	DOLAN, JOHN C	
STREET ADDRESS	1507 WOODSON ROAD	
CITY-ST-ZIP	ST. LOUIS, MO 63114	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	THORSON, SONDR A J	
STREET ADDRESS	35 WEST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	STCF	<input checked="" type="checkbox"/>
NAME	MUELLER, JEANNETTE	
STREET ADDRESS	1507 WOODSON ROAD	
CITY-ST-ZIP	ST. LOUIS, MO 63114	
TITLE	CD	<input checked="" type="checkbox"/>
NAME	BRIEN, NICOLAS	
STREET ADDRESS	35 WEST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P/CEO/D	<input checked="" type="checkbox"/>
NAME	Hayward, Wallace M.	
STREET ADDRESS	303 East Wacker Drive	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	D/COO	<input checked="" type="checkbox"/>
NAME	Dolan, John C.	
STREET ADDRESS	1507 Woodson Road	
CITY-ST-ZIP	ST. LOUIS, MO 63114	
TITLE	VPI/AS	<input checked="" type="checkbox"/>
NAME	Thorson, Sondra J.	
STREET ADDRESS	35 West Wacker Drive	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	T	<input checked="" type="checkbox"/>
NAME	Mueller, Jeannette	
STREET ADDRESS	1507 Woodson Road	
CITY-ST-ZIP	ST. LOUIS, MO 63114	
TITLE	C	<input checked="" type="checkbox"/>
NAME	Brien, Nick	
STREET ADDRESS	35 West Wacker Drive	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	S	<input type="checkbox"/>
NAME	Powell, Barry L.	
STREET ADDRESS	35 West Wacker Drive	
CITY-ST-ZIP	CHICAGO, IL 60601	<input checked="" type="checkbox"/>

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: Sondra J. Thorson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sondra J. Thorson
 Vice President & Assistant Secretary
Date Daytime Phone #

May 10, 2004
312-220-4907



May 10, 2004

Secretary of State
Division of Corporations
Tallahassee, FL 32314-6198

Re: Entity No.: F02000002197
Entity Name: Relay, Inc.
2004 For Profit Corporation Annual Report

Ladies and Gentlemen:

We respectfully request a waiver of the \$400 late fee assessed by your office relative to our 2004 For Profit Corporation Annual Report. We did not receive the blank Report for completion prior to its May 1, 2004 filing deadline.

Thank you for your consideration.

Very truly yours,

RELAY, INC.

A handwritten signature in cursive script that reads "Sondra J. Thorson".

Sondra J. Thorson
Vice President & Assistant Secretary

303 East Wacker Drive, Chicago, IL 60601