


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90044 011 \*\*\*150.00

<b>DOCUMENT # F02000004285</b>					
<b>1. Entity Name</b> NAVIGATION TECHNOLOGIES CORPORATION					
<b>Principal Place of Business</b> 801 ORIENTA AVE. 2200 ALTAMONTE SPRINGS, FL 32701			<b>Mailing Address</b> 222 MERCHANDISE MART 900 CHICAGO, IL 60654		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
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	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> C <b>NAME</b> DE LANGE, RICHARD <b>STREET ADDRESS</b> 222 MERCHANDISE MART <b>CITY-ST-ZIP</b> CHICAGO, IL 60654	<input type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> Neil Smith <b>STREET ADDRESS</b> 222 merchandise mart ste 900 <b>CITY-ST-ZIP</b> Chicago IL 60654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> SHIELDS, T. RUSSELL <b>STREET ADDRESS</b> 222 MERCHANDISE MART <b>CITY-ST-ZIP</b> CHICAGO, IL 60654	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GREEN, JUDSON <b>STREET ADDRESS</b> 222 MERCHANDISE MART <b>CITY-ST-ZIP</b> CHICAGO, IL 60654	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CURRAN, WILLIAM E <b>STREET ADDRESS</b> 222 MERCHANDISE MART <b>CITY-ST-ZIP</b> CHICAGO, IL 60654	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> CHESLER, LAWRENCE D <b>STREET ADDRESS</b> 222 MERCHANDISE MART <b>CITY-ST-ZIP</b> CHICAGO, IL 60654	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Neil Smith - V.P. &amp; Controller</u> <span style="float: right;">2-25-04</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94026490



01262004 Chg-P CR2E034 (10/03)

4. FEI Number 77-0170321 Applied For Not Applicable

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