

FILED
Jun 10, 2004 8:00 am
Secretary of State


05-11-2004 90077 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66427606



01072004 Chg-P CR2E034 (10/03)

DOCUMENT # F0300000955					
1. Entity Name GABELLI & COMPANY, INC.					
Principal Place of Business ONE CORPORATE CENTER RYE, NY 10580			Mailing Address ONE CORPORATE CENTER RYE, NY 10580		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 13-2885006				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				7. Name and Address of New Registered Agent	
ZELLER, MARGARET 249 ROYAL PALM WAY PLAZA CENTER, SUITE 503 PALM BEACH, FL 33480				Name GERALD MATHISON Street Address (P.O. Box Number is Not Acceptable) 249 ROYAL PALM WAY PLAZA CENTER, SUITE 503 City PALM BEACH FL Zip Code 33480	
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 <i>Gerald L. Mathison</i>				DATE 6-4-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, JAMES G III			NAME	
STREET ADDRESS	ONE CORPORATE CENTER			STREET ADDRESS	
CITY-ST-ZIP	RYE, NY 10580			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLICZ, IRENE			NAME	
STREET ADDRESS	ONE CORPORATE CENTER			STREET ADDRESS	
CITY-ST-ZIP	RYE, NY 10580			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCARO, ROBERT			NAME	
STREET ADDRESS	ONE CORPORATE CENTER			STREET ADDRESS	
CITY-ST-ZIP	RYE, NY 10580			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, BRUCE N			NAME	
STREET ADDRESS	ONE CORPORATE CENTER			STREET ADDRESS	
CITY-ST-ZIP	RYE, NY 10580			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, JAMES E			NAME	
STREET ADDRESS	ONE CORPORATE CENTER			STREET ADDRESS	
CITY-ST-ZIP	RYE, NY 10580			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>J. McKee</i>				Date 5/7/04 Daytime Phone # 914 921 5294	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES E. MCKEE SECRETARY					