

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003799

FILED
Jan 28, 2004
Secretary of State

Entity Name: ANNUITIES EXCHANGE/FINANCIAL PRODUCTS CORPORATION

Current Principal Place of Business:

2600 N. MAYFAIR RD., #1190
MILWAUKEE, WI 53226

New Principal Place of Business:

Current Mailing Address:

2600 N. MAYFAIR RD., #1190
MILWAUKEE, WI 53226

New Mailing Address:

FEI Number: 39-1528460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUGHAN, PATRICK J
11472 64TH AVENUE NORTH
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOUGLASS, JOHN M
Address: 2600 N. MAYFAIR ROAD, #1190
City-St-Zip: MILWAUKEE, WI 53226

Title: VP () Delete
Name: LANZA, JUDITH C
Address: 2600 N. MAYFAIR RD., #1190
City-St-Zip: MILWAUKEE, WI 53226

Title: ST () Delete
Name: SCHROEPFER, COLLEEN A
Address: 2600 N. MAYFAIR RD.
City-St-Zip: MILWAUKEE, WI 53226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. DOUGLASS

DP

01/28/2004

Electronic Signature of Signing Officer or Director

Date