


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90044 022 \*\*\*150.00

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<b>DOCUMENT # F03000005686</b>			
1. Entity Name <b>TELECON COMMUNICATIONS CORP.</b>			
Principal Place of Business <del>6590 WEST ROGERS CIRCLE, STE. 6A</del> <del>BOCA RATON, FL 33487</del>		Mailing Address <del>6590 WEST ROGERS CIRCLE, STE. 6A</del> <del>BOCA RATON, FL 33487</del>	
2. Principal Place of Business <b>180 North Wacker Drive</b>		3. Mailing Address <b>180 North Wacker Drive</b>	
Suite, Apt. #, etc. <b>Suite 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>	
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>	
Zip <b>60606</b>	Country <b>USA</b>	Zip <b>60606</b>	Country <b>USA</b>
4. FEIN Number <b>16-1574718</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>526 E. PARK AVENUE</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BARITZ, KEN 6590 WEST ROGERS CIRCLE, STE. 6A BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP Ken Baritz 2855 Congress Ave., Suite B Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAVILLET, RONALD W 790 FRONTAGE ROAD, STE. 330 NORTHFIELD, IL 60693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Scott Kellogg 180 North Wacker Drive, Suite 3 Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Scott Kellogg</u> <u>ASST. SEC.</u>		Date <u>3/22/04</u> Daytime Phone # <u>312/658-1056</u>	