
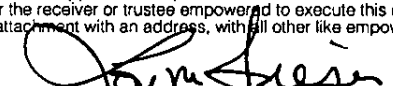


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 015 \*\*\*150.00

<b>DOCUMENT # F04000001137</b>						
<b>1. Entity Name</b> THE CORY GROUP, INC.						
<b>Principal Place of Business</b> C/O NATIONAL FINANCIAL PARTNERS 787 SEVENTH AVE, 49TH FLOOR NEW YORK, NY 10019			<b>Mailing Address</b> C/O NATIONAL FINANCIAL PARTNERS 787 SEVENTH AVE, 49TH FLOOR NEW YORK, NY 10019			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 500 W. Madison Street				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2400				
City & State		City & State Chicago, IL 60661				
Zip	Country	Zip	Country	01072005    Chg-P    CR2E034 (10/03)		
60661	USA	60661		USA		
<b>4. FEI Number</b> APPLIED FOR			Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b>			<input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> DP	<b>NAME</b> CORRY, WILLIAM		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2 N. TAMiami TRAIL, STE 508	<b>CITY-ST-ZIP</b> SARASOTA, FL 34326		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DVP	<b>NAME</b> CORRY, DARCY		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2 N. TAMiami TRAIL, STE 508	<b>CITY-ST-ZIP</b> SARASOTA, FL 34326		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DT	<b>NAME</b> ZUCCARO, ROBERT S		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 787 SEVENTH AVE, 49TH FLOOR 11th Floor	<b>CITY-ST-ZIP</b> NEW YORK, NY 10019		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP	<b>NAME</b> HAMMOND, DOUGLAS W		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 787 SEVENTH AVE, 49TH FLOOR	<b>CITY-ST-ZIP</b> NEW YORK, NY 10019		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP	<b>NAME</b> LIESER, LORI M		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 500 W MADISON ST, STE 2400	<b>CITY-ST-ZIP</b> CHICAGO, IL 60661		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VPS	<b>NAME</b> OLSON, STEPHANIE S		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 787 SEVENTH AVE, 49TH FLOOR	<b>CITY-ST-ZIP</b> NEW YORK, NY 10019		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<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>  Lori M. Lieser    4-21-05    30-985-5100						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						