

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003781

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** THOMAS M. JONES, P.C.

**Current Principal Place of Business:**

227 WEST MONROE STREET  
CHICAGO, IL 606065096

**New Principal Place of Business:**

**Current Mailing Address:**

227 WEST MONROE STREET  
CHICAGO, IL 606065096

**New Mailing Address:**

**FEI Number:** 36-3751343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, IRA J  
201 S. BISCAYNE BLVD., 22ND FLOOR  
MIAMI, FL 331314336 US

**Name and Address of New Registered Agent:**

COLEMAN, IRA J  
333 AVENUE OF THE AMERICAS  
4500  
MIAMI, FL 331314336 US

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

03/21/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPST  
Name: JONES, THOMAS M  
Address: 227 WEST MONROE STREET  
City-St-Zip: CHICAGO, IL 606065096

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M. JONES

PRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date