2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003710

ROHAN, JAMES E

CHICAGO, IL 60606

200 W. MADISON ST. SUITE #2260

Name:

Address:

City-St-Zip:

tity Name: SULLIVAN, COTTER AND ASSOCIATES, INC

FILED Jan 13, 2008 Secretary of State

Entity Name: SULLIVAN, COTTER AND ASSOCIATES, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3011 W. G DETROIT,		, SUITE #2800			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
3011 W. G DETROIT,		, SUITE #2800			
FEI Number	: 38-2363607	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ROCKWOOD, DEBRA 5400 SW 39TH STREET APT. D-24 GAINESVILLE, FL 32606 US				SLATER, DEBRA 5400 SW 39TH STREET APT. D-24 GAINESVILLE, FL 32606 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: DEBRA SLATER				01/13/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	QUIRK, WILLI	A DR. SUITE #1470	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PITTEL, MARK	D BLVD. SUITE #2500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COTTER, TIM	ND BLVD., SUITE #2800	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY COTTER VP 01/13/2008