2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# F05000006538

Entity Name: CHILDRESS DUFFY & GOLDBLATT, LTD., INC.

Current Principal Place of Business:

515 N. STATE STREET, SUITE 2200
CHICAGO, IL 60610

New Principal Place of Business:

515 N. STATE STREET,
2200
CHICAGO, IL 60610

Current Mailing Address:

515 N. STATE STREET, SUITE 2200
CHICAGO, IL 60610

New Mailing Address:

FEI Number: 36-3934021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PC ( ) Delete
Name: DUFFY, MICHAEL
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

Title: VVC ( ) Delete
Name: CHILDRESS, MICHAEL
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

Title: ST ( ) Delete
Name: ESHOO, EDWARD JR.
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

Title: D ( ) Delete
Name: GOLDBLATT, JOEL N
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

Title: D ( ) Delete
Name: LOUCKS, THOMAS J
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: PC ( ) Change (X) Addition
Name: CHRISTOPHER, MAMMEL N
Address: 515 N. STATE STREET, SUITE 2200
City-St-Zip: CHICAGO, IL 60610

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.

SIGNATURE: JOEL N. GOLDBLATT D 04/07/2009
Electronic Signature of Signing Officer or Director Date