


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90102 003 ***150.00

DOCUMENT # F93000001133
 1. Entity Name
 SEATON CORP.



Principal Place of Business
 372 WEST ONTARIO, SUITE 500
 CHICAGO, IL 60610

Mailing Address
 372 WEST ONTARIO, SUITE 500
 CHICAGO, IL 60610

50011720



2. Principal Place of Business
 358 W ONTARIO
 Suite, Apt. #, etc.
 LL

3. Mailing Address
 358 W ONTARIO
 Suite, Apt. #, etc.
 LL

01052005 Chg-P CR2E034 (10/03)

City & State
 CHICAGO IL

City & State
 CHICAGO IL

Zip Country
 60610 USA

Zip Country
 60610 USA

4. FEI Number
 36-3597186

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST.
 SUITE 105
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	FARRINGTON, HUGH A	
STREET ADDRESS	372 W. ONTARIO, SUITE 500	
CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILES, MICHAEL B	
STREET ADDRESS	372 W. ONTARIO, SUITE 500	
CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRIER, LINDA M	
STREET ADDRESS	372 W. ONTARIO, SUITE 500	
CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Linda M Krier 1/21/05 312 915 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #