

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001754



1. Entity Name

THOMAS F. SEAY AND ASSOCIATES LTD., INC.

Principal Place of Business

740 INDUSTRIAL DR
 UPPER OFFICE
 CARY IL 60013
 US

Mailing Address

P.O. BOX 3584
 BARRINGTON IL 60011
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2736082**

Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PDS
 NAME: DODGE III, CHARLES H
 STREET ADDRESS: P.O. BOX 3584
 CITY - ST - ZIP: BARRINGTON IL 60011

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: 000000026930
 CITY - ST - ZIP: 02/03/04-80028-004 150.00

TITLE: CDT
 NAME: DODGE, SANDRA S
 STREET ADDRESS: P.O. BOX 3584
 CITY - ST - ZIP: BARRINGTON IL 60011

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Delete
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 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 19.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

847/462-1902