

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90105 035 ***158.75

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1. Entity Name
ROLF JENSEN & ASSOCIATES, INC.



Principal Place of Business
**600 WEST FULTON STREET STE 500
CHICAGO, IL 60661 US**

Mailing Address
**600 W. FULTON ST. STE 500
CHICAGO, IL 60661 US**

50049178



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2667776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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, 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	PCEO
NAME	REISS, MARTIN H
STREET ADDRESS	1661 WORCHESTER RD, STE. 501
CITY-ST-ZIP	FRAMINGHAM, MA 017015401
TITLE	CEO
NAME	REISS, MARTIN H
STREET ADDRESS	600 WEST FULTON STREET STE 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	SVPS
NAME	TRANSUE, RALPH E
STREET ADDRESS	600 WEST FULTON STREET STE 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	SVPD
NAME	BROWN, THOMAS C
STREET ADDRESS	3040 WILLIAMS DRIVE STE 400
CITY-ST-ZIP	FAIRFAX, VA 220314612
TITLE	SVP
NAME	TOTH, GEORGE E
STREET ADDRESS	549 W. RANDOLPH ST., 5TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	SVPS
NAME	TRANSUE, RALPH E
STREET ADDRESS	549 W. RANDOLPH ST., 5TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60661

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #