

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000002491**

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**



01032007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees.

000000589485  
01/18/07-80016-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CEOD
NAME	REISS, MARTIN H
STREET ADDRESS	1661 WORCHESTER RD, STE. 501
CITY-ST-ZIP	FRAMINGHAM, MA 017015401
TITLE	SD
NAME	TRANSUE, RALPH E
STREET ADDRESS	600 WEST FULTON STREET STE 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	PD
NAME	BROWN, THOMAS C
STREET ADDRESS	14502 GREENVIEW DR.
CITY-ST-ZIP	LAUREL, MD 20708
TITLE	D
NAME	TOTH, GEORGE E
STREET ADDRESS	600 W. FULTON ST., STE. 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	T
NAME	TUMILITY, CHRISTOPHER
STREET ADDRESS	600 W FULTON ST., STE. 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Christopher Tumility* **CHRISTOPHER TUMILITY**

1/4/07

312879-7220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #