

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90084 026 \*\*\*150.00

**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**

40000400



01022008 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**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME	CEOD REISS, MARTIN H
STREET ADDRESS	1661 WORCHESTER RD, STE. 501
CITY-ST-ZIP	FRAMINGHAM, MA 017015401
TITLE NAME	SD TRANSUE, RALPH E
STREET ADDRESS	600 WEST FULTON STREET STE 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE NAME	PD BROWN, THOMAS C
STREET ADDRESS	14502 GREENVIEW DR.
CITY-ST-ZIP	LAUREL, MD 20708
TITLE NAME	D TOTH, GEORGE E
STREET ADDRESS	600 W. FULTON ST., STE. 500
CITY-ST-ZIP	CHICAGO, IL 60661
TITLE NAME	T 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, CFO* **CHRISTOPHER TUMILITY** 1/2/08 3128797220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #