

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90310 002 ***150.00

DOCUMENT # F94000002491

1. Entity Name
ROLF JENSEN & ASSOCIATES, INC.



Principal Place of Business
**3504 LAKE LYNDY DRIVE, #110
ORLANDO FL 32817
US**

Mailing Address
**549 W. RANDOLPH ST., 5TH FLOOR
CHICAGO IL 60661
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

36-2667776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
REISS, MARTIN H
1661 WORCHESTER RD, STE. 501
FRAMINGHAM MA 01701-5401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
ROBERT J. LIBBY
11295 PAULS DRIVE
CONIFER CO 80433** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
TUCKER, RANDOLPH W
13831 NORTHWEST FREEWAY, STE. 330
HOUSTON TX 77040-5215** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CHRISTOPHER J. TUMILTY
5N170 CANVASBACK LANE
BARTLETT IL 60103** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
GRILL, RAYMOND A
3040 WILLIAMS DR., STE. 400
FAIRFAX VA 22031-4612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
BROWN, THOMAS C
3040 WILLIAMS DRIVE STE 400
FAIRFAX VA 22031-4612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
TOH, GEORGE E
549 W. RANDOLPH ST., 5TH FLOOR
CHICAGO IL 60661** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
TRANSUE, RALPH E
549 W. RANDOLPH ST., 5TH FLOOR
CHICAGO IL 60661** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/03

Date

312-831-8200

Daytime Phone #

CR2E034 (10/02)