2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005202

Entity Name: AFLOW INC

FILED Feb 06, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
190 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442						
Current Mailing Address:			New Mailing Address:			
100 JIM MORAN BLVD. LEGAL DEPT MAIL DROP JMFDF018 DEERFIELD BEACH, FL 33442 US						
FEI Number: 65-0523427		FEI Number Applied For ()	FEI Num	ber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPS () E ROSAL, MELISSA 400 N. MICHIGAN CHICAGO, IL 60	I AVE 2ND FLR		Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition ROSAL, MELISSA A 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604	
Title: Name: Address: City-St-Zip:	P () E CHILD, PATRICIA 400 N. MICHIGAN CHICAGO, IL 60	I AVE 2ND FLR		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CHILD, PATRICIA M 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604	
Title: Name: Address: City-St-Zip:	DVCF () E ARVIN, NANCIE J 400 N. MICHIGAN CHICAGO, IL 600	I AVE 2ND FLR		Title: Name: Address: City-St-Zip:	DVCF (X) Change () Addition ARVIN, NANCIE J 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604	
Title: Name: Address: City-St-Zip:	D () C CHRISTOPHERS 180 EAST 5TH S' SAINT PAUL, MN	TREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E KAPLAN, EVE 180 EAST 5TH S' SAINT PAUL, MN			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JULIA BEREZHN	AVE, 2ND FLOOR		Title: Name: Address: City-St-Zip:	AS (X) Change () Addition BEREZHNAYA, JULIA 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. CHILD P 02/06/2004

ANTONIO SANCHEZ, ASSISTANT SECRETARY 209 S. LASALLE STREET, SUITE 300 CHICAGO IL 60604