


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005202 1. Entity Name AFLOW INC	
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Principal Place of Business 190 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 100 JIM MORAN BLVD. LEGAL DEPT MAIL DROP JMFDF018 DEERFIELD BEACH, FL 33442 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0523427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and (file if applicable)</small>	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROSAL, MELISSA A 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILD, PATRICIA M 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCF ARVIN, NANCIE J 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHERSON, SHERYL 180 EAST 5TH STREET SAINT PAUL, MN 55101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, EVE 180 EAST 5TH STREET SAINT PAUL, MN 55101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEREZHNAYA, JULIA 209 S. LASALLE STREET, SUITE 300 CHICAGO, IL 60604

<p>1100000191188 01/24/05-80163-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Arthur M. Chel</i></u> PRESIDENT	Date <u>1/19/05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		