

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001988

1. Entity Name
LOGS FINANCIAL SERVICES, INC.



Principal Place of Business
**8120 NATIONS WAY, #100
JACKSONVILLE, FL 32256 US**

Mailing Address
**C/O MICHAEL BARRON, LEGAL DEPT.
4201 LAKE COOK ROAD, 2ND FLOOR
NORTHBROOK, IL 60062**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3652582

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 SOUTH PINE ISLAND ROAD
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAPIRO, GERALD M
STREET ADDRESS	2140 PAINTERS LAKE
CITY- ST- ZIP	HIGHLAND PARK, IL 60035
TITLE	DV
NAME	KREISMAN, DAVID S
STREET ADDRESS	86 PROSPECT
CITY- ST- ZIP	HIGHLAND PARK, IL 60035
TITLE	S
NAME	HEITTER, NANCY L
STREET ADDRESS	410 NORTH WHEELING ROAD
CITY- ST- ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	T
NAME	ROSENBAUM, LAWRENCE
STREET ADDRESS	15513 QUAIL RUN DR.
CITY- ST- ZIP	BARNESTOWN, MD
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/20/04-80056-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04 847-291-9100