

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90272 014 \*\*\*150.00

40027664



02152005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3311365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 4, 2005 Fee will be \$550.00**

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 AS ☐ Delete  
NAME RIST, STEVEN L  
STREET ADDRESS 4520 MAIN ST. STE. 1100  
CITY-ST-ZIP KANSAS CITY, MO 64111

TITLE SCEO ☐ Change ☒ Addition  
NAME QUINN, THOMAS H  
STREET ADDRESS 1751 LAKE COOK ROAD, STE 550  
CITY-ST-ZIP DEERFIELD, IL 60015

TITLE P ☐ Delete  
NAME RABINOW, ALLEN  
STREET ADDRESS 35 DANIELS ST  
CITY-ST-ZIP FITCHBURG, MA 014207600

TITLE CFO/VP/AS ☐ Change ☒ Addition  
NAME BATES, NORMAN R  
STREET ADDRESS 1751 LAKE COOK ROAD, STE 550  
CITY-ST-ZIP DEERFIELD, IL 60015

TITLE T ☐ Delete  
NAME MCCracken, SUSAN C  
STREET ADDRESS 35 DANIELS STREET  
CITY-ST-ZIP FITCHBURG, MA 01420

TITLE VP ☐ Change ☒ Addition  
NAME ONDRULA, LISA M  
STREET ADDRESS 1751 LAKE COOK ROAD, STE 550  
CITY-ST-ZIP DEERFIELD, IL 60015

TITLE AS ☐ Delete  
NAME FISHER, G. ROBERT  
STREET ADDRESS 4520 MAIN ST STE 1100  
CITY-ST-ZIP KANSAS CITY, MO 64111

TITLE AS ☐ Change ☒ Addition  
NAME CARLSON, JAMES B  
STREET ADDRESS 1675 BROADWAY STE 1600  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE V ☐ Delete  
NAME RABINOW, DORA  
STREET ADDRESS 35 DANIELS ST  
CITY-ST-ZIP FITCHBURG, MA 01420

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

TITLE VAS ☐ Delete  
NAME NELSON, GORDON L  
STREET ADDRESS 1751 LAKE COOK RD, STE 550  
CITY-ST-ZIP DEERFIELD, IL 60015

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C McCracken 2/15/05 979-342-8921

Date

Daytime Phone #