

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004518

Entity Name: EOPMC OF FLORIDA, INC.

FILED
Mar 19, 2004
Secretary of State

Current Principal Place of Business:

2 N. RIVERSIDE PLAZA
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

C/O ANN SCHNEIDER
2 N. RIVERSIDE PLAZA, STE 1600
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4246207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: KINCAID, RICHARD D
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: DVS () Delete
Name: STEVENS, STANLEY M
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: T () Delete
Name: FEAR, MAUREEN O
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V () Delete
Name: KENEVAN, BROOKE
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V () Delete
Name: HELFAND, DAVID
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: DV () Delete
Name: WILLIAMS, MARSHA
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SINGER, ALISA
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BROOKE KENEVAN

VP

03/19/2004

Electronic Signature of Signing Officer or Director

_____ Date