

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 050 \*\*\*150.00

**DOCUMENT # F98000000446**

1. Entity Name  
**ELEVON, INC.**



Principal Place of Business

**303 SECOND ST  
3 NORTH  
SAN FRANCISCO, CA 94107**

Mailing Address

**303 SECOND ST  
3 NORTH  
SAN FRANCISCO, CA 94107**

2. Principal Place of Business

**500 W. Madison**

Suite, Apt. #, etc.

**Suite 1600**

City & State

**Chicago IL**

Zip

**60661**

Country

3. Mailing Address

**100 Staples Drive**

Suite, Apt. #, etc.

**c/o SSA Global**

City & State

**Frammingham MA**

Zip

**01702**

Country



04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

**95-2862954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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

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 C ☐ Delete

NAME **WETMORE, DAVID C**  
STREET ADDRESS **303 SECOND ST 3 N**  
CITY-ST-ZIP **SAN FRANCISCO, CA 94107**

TITLE CEO ☐ Delete

NAME **RICHARDSON, FRANK M**  
STREET ADDRESS **303 SECOND ST 3 NORTH**  
CITY-ST-ZIP **SAN FRANCISCO, CA 94107**

TITLE VCFO ☐ Delete

NAME **VOGLER, STANLEY**  
STREET ADDRESS **MARATHON PLAZA THREE N., 303 2ND ST**  
CITY-ST-ZIP **SAN FRANCISCO, CA 94107**

TITLE P ☐ Delete

NAME **LORD, PAUL**  
STREET ADDRESS **MARATHON PLAZA THREE N., 303 2ND ST**  
CITY-ST-ZIP **SAN FRANCISCO, CA 94107**

TITLE D ☐ Delete

NAME **ALBERDING, RICHARD C**  
STREET ADDRESS **15 ASHDOWN PLACE**  
CITY-ST-ZIP **HALF MOON BAY, CA 94019**

TITLE D ☐ Delete

NAME **AMOECHAEV, TANIA**  
STREET ADDRESS **1400 MARINA WAY S.**  
CITY-ST-ZIP **RICHMOND, CA 94804**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P ☐ Change ☒ Addition

NAME **Kirk Isaacson**  
STREET ADDRESS **500 W. Madison**  
CITY-ST-ZIP **Chicago IL 60661**

TITLE T ☐ Change ☒ Addition

NAME **Stephen Earhart**  
STREET ADDRESS **500 W. Madison**  
CITY-ST-ZIP **Chicago IL 60661**

TITLE S ☐ Change ☒ Addition

NAME **Susan Hickel**  
STREET ADDRESS **500 W. Madison**  
CITY-ST-ZIP **Chicago IL 60661**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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

**Kathryn A.S. Bomba 4-27-04**

Tax Director Date

5085981448