


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90376 019 \*\*\*150.00

<b>DOCUMENT # F99000002804</b> 1. Entity Name <b>PETER MARTIN ASSOCIATES, INC.</b>					
Principal Place of Business <b>2650 W. MONTROSE AVE SUITE 150 CHICAGO, IL 60618</b>			Mailing Address <b>2650 W. MONTROSE AVE SUITE 150 CHICAGO, IL 60618</b>		
2. Principal Place of Business <b>2828 N. Haskell</b>		3. Mailing Address <b>2828 N. Haskell</b>			
Suite, Apt. #, etc. <b>Bldg. 1, FL-10</b>		Suite, Apt. #, etc. <b>Bldg. 1, FL-10</b>			
City & State <b>Dallas, TX</b>		City & State <b>Dallas, TX</b>			
Zip <b>75204</b>	Country <b>USA</b>	Zip <b>75204</b>	Country <b>USA</b>	4. FEI Number <b>36-3569320</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCTO HAMLIN, ED 2547 W LELAND CHICAGO, IL 60625	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John M. Brophy 2828 N. Haskell, Bldg. 1, FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LORCH, STEVE ONE CLINTON PATH BROOKLINE, MA 02445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S William L. Deckelman, Jr. 2828 N. Haskell, Bldg. 1, FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HAWKINS, RICHARD 2650 W MONROSE AVE CHICAGO, IL 60618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy P. Vineyard 3988 N. Central Expy., FL-9 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Wayne R. Lewis 2828 N. Haskell, Bldg. 1, FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey A. Rich 2828 N. Haskell, Bldg. 1, FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ed Hamlin 2650 Montrose Ave. Chicago, IL
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: <u>Wayne R. Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Wayne R. Lewis, Assistant Secretary</b>				4/6/04 <small>Date</small>	
				214-841-6111 <small>Daytime Phone #</small>	

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