


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000005148</b> 1. Entity Name CTI ADMINISTRATORS, INC.	
--	---

Principal Place of Business 100 COURT AVENUE, SUITE 306 DES MOINES, IA 50309	Mailing Address 100 COURT AVENUE, SUITE 306 DES MOINES, IA 50309
--	--

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
---

	
04192004 No Chg-P CR2E034 (10/03)	
4. FEI Number 42-1411305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when recasting) DATE \_\_\_\_\_

<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>
---	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDT, DONALD R 100 COURT AVENUE, SUITE 306 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS CALKINS, RUSSELL W III 1200 LAKE SHORE DRIVE CHICAGO, IL 60605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, DALE A 735 WILLIAMS WAY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGNE, PATRICIA C 100 COURT AVENUE, SUITE 306 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(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 like empowered.

**SIGNATURE:**  **4/23/04 515 244 7322**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Donald R Brandt** Daytime Phone #