

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005329

FILED
Apr 23, 2004
Secretary of State

Entity Name: ESKENAZI, FARRELL & FODOR, P.C.

Current Principal Place of Business:

125 S CLARK ST
1822
CHICAGO, IL 60603

New Principal Place of Business:

Current Mailing Address:

125 S CLARK ST
1822
CHICAGO, IL 60603

New Mailing Address:

FEI Number: 36-3803901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: ESKENAZI, NISSIM I
Address: 310 SHERIDAN
City-St-Zip: PARK FOREST, IL 60466

Title: DVT () Delete
Name: FARREL, WALTER W
Address: 2445 CENTRAL PARK AVENUE
City-St-Zip: EVANSTON, IL 60201

Title: DS (X) Delete
Name: FODOR, JOHN R
Address: 202 GALE AVENUE
City-St-Zip: RIVER FOREST, IL 60305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FARRELL, WALTER W
Address: 2445 CENTRAL PARK AVENUE
City-St-Zip: EVANSTON, IL 60201

Title: DVS (X) Change () Addition
Name: FODOR, JOHN R
Address: 202 GALE AVENUE
City-St-Zip: RIVER FOREST, IL 60305

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: WALTER W. FARRELL

DPT

04/23/2004

Electronic Signature of Signing Officer or Director

Date