

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006272

FILED
Mar 25, 2003
Secretary of State

Entity Name: BARBARA SALOMONE & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

4955 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

New Principal Place of Business:

4945 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

Current Mailing Address:

4955 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

New Mailing Address:

4945 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

FEI Number: 36-3515737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEMER, ROBERT
4328 40TH STREET SOUTH
ST. PETERSBURG, FL 33711 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: P () Delete
Name: SALOMONE, BARBARA
Address: 1677 ELK BLVD
City-St-Zip: DES PLAINES, IL 60016

Title: S () Delete
Name: SALOMONE, ROSS
Address: 1677 ELK BLVD
City-St-Zip: DES PLAINES, IL 60016

Title: V () Delete
Name: SCHATZ, ROBERT
Address: 4955 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: T () Delete
Name: SCHATZ, ADRIENNE
Address: 4955 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: SCHATZ, ROBERT
Address: 4945 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: T (X) Change () Addition
Name: SCHATZ, ADRIENNE
Address: 4945 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

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: ROBERT SCHATZ

V

03/25/2003

Electronic Signature of Signing Officer or Director

Date