

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19045

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: SHELDON GOOD & COMPANY, INC.

**Current Principal Place of Business:**

333 W. WACKER DRIVE  
SUITE 400  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

**Current Mailing Address:**

333 W. WACKER DRIVE  
SUITE 400  
CHICAGO, IL 60606 US

**New Mailing Address:**

FEI Number: 59-2289051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: FINE, MICHAEL  
Address: 333 W WACKER DR, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: S ( ) Delete  
Name: HANDLER, ROBERT L  
Address: 333 WEST WACKER DRIVE, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: T ( ) Delete  
Name: HANDLER, ROBERT L  
Address: 333 WEST WACKER DRIVE, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete  
Name: GOOD, STEVEN L  
Address: 333 WEST WACKER DRIVE, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ROBERT L HANDLER

S

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date