

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19045

**FILED
Apr 05, 2005
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: S (X) Change () Addition
Name: DOLBEARE, MATT
Address: 333 WEST WACKER DRIVE, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: T (X) Change () Addition
Name: DOLBEARE, MATT
Address: 333 WEST WACKER DRIVE, SUITE 400
City-St-Zip: CHICAGO, IL 60606

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: MATT DOLBEARE

S

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date