


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90035 037 ***150.00

DOCUMENT # J41879	
1. Entity Name BALLY'S FITNESS AND RACQUET CLUBS, INC.	

Principal Place of Business 8700 W. BRYN MAWR AVENUE 2ND FLOOR, TAX DEPT. CHICAGO, IL 60631	Mailing Address 8700 W. BRYN MAWR AVENUE 2ND FLOOR, TAX DEPT. CHICAGO, IL 60631
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3496461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TOBACK, PAUL A 8700 W. BRYN MAWR AVENUE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DWYER, JOHN W 8700 W. BRYN MAWR AVENUE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP GAAN, CARY A 8700 W. BRYN MAWR AVENUE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FANELLI, WILLIAM 8700 W. BRYN MAWR AVENUE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIGEL, RONALD E 8700 W BRYN MANOR AVE CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ronald E Sigel Asst. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #