


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90023 001 \*\*\*150.00

<b>DOCUMENT # M92461</b> 1. Entity Name 1330 CONNECTICUT AVENUE, INC.					
Principal Place of Business 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308 US			Mailing Address 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3596806	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. TOGNARELLI, MAURY <input type="checkbox"/> Delete 191 N. WACKER DR, STE 2500 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SMITH, JEFFERY L <input type="checkbox"/> Delete 1801 HERMITAGE BLVD, SUITE 100 TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BENNETT, DOUGLAS W <input type="checkbox"/> Delete 1801 HERMITAGE BLVD TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT. SMITH, ROGER E <input type="checkbox"/> Delete 191 N. WACKER DR, STE 2500 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT. GRAY, LYNNE M <input type="checkbox"/> Delete 1801 HERMITAGE BLVD #600 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Hermitage Boulevard, Suite 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS. FERRANTE, ANTHONY M <input type="checkbox"/> Delete 191 N. WACKER DR, STE 2500 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Paul M. Phil</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/05 <small>Date</small>		312-855-5700 <small>Daytime Phone #</small>