


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90040 045 \*\*\*\*61.25

**DOCUMENT # N96000005394**

1. Entity Name  
 10100 SANTA MONICA, INC.



Principal Place of Business  
 1801 HERMITAGE BLVD.  
 SUITE 100  
 TALLAHASSEE, FL 32308

Mailing Address  
 1801 HERMITAGE BLVD.  
 SUITE 100  
 TALLAHASSEE, FL 32308

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3410291

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, ROGER E	
STREET ADDRESS	191 N WACKER DR, STE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOGNARELLI, MAURY	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD STE 100	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	FERRANTE, ANTHONY M	
STREET ADDRESS	191 N WACKER DR, STE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 Hermitage Boulevard, Suite 100
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	191 North Wacker Drive, Suite 2500
CITY-ST-ZIP	Chicago, Illinois 60606
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 Hermitage Boulevard, Suite 100
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Quell M. Paul 3/31/05 312-855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #