



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 007 ***150.00

DOCUMENT # P00000027131 1. Entity Name BISHOP, ORTIZ & LOCASCIO ASSOCIATES, INC.					
Principal Place of Business 301 AVENUE K SE WINTER HAVEN, FL 33880			Mailing Address 787 7TH AVENUE 49TH FLOOR NEW YORK, NY 10019		
2. Principal Place of Business 301 Avenue K SE Suite, Apt. #, etc. Winter Haven, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 33883		Country USA		4. FEI Number 13-4125883	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324			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 _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LAWRENCE 787 SEVENTH AVE 49TH FLOOR NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zuccaro, Robert 787 Seventh Ave, 49th Fl. New York, NY 10019	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOCASCIO, ANTHONY 301 AVENUE K SE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Locascio, Anthony 301 Avenue K, SE Winter Haven, FL 33883	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ORTIZ, ROBERT 301 AVENUE K SE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ortiz, Robert 301 Avenue K, SE Winter Haven, FL 33883	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIESER, LORI M 500 W MADISON STE 3650 CHICAGO, IL 60661	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERR OLSON, STEPHANIE 787 SEVENTH AVE 49TH FLOOR NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hammond, Douglas 787 Seventh Ave, 49th Fl. New York, NY 10019	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-04 312-985-5100 Date Daytime Phone #		