2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02141

Entity Name: KLEIN AND HOFFMAN, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
150 SOUTH SUITE 1900 CHICAGO,		RIVE				
Current Mailing Address:			New Mailir	New Mailing Address:		
150 SOUTH SUITE 1900 CHICAGO,		RIVE				
FEI Number:	36-3095071	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOUT	PRATION SYST TH PINE ISLAN DN, FL 33324					
The above in the State	named entity su of Florida.	ıbmits this statement for the pur	pose of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electronic	Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DVP ()[SETHBHAKDI, SO 1818 MARKET S PHILADELPHIA,	Т	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PAUL,, JAY H	Delete CKER DRIVE, STE 1900 606	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	RENOUF, PHILIF	CKER DRIVE, STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BOYD, JON M	Delete CKER DRIVE, STE. 1900 606	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD ()[HAUSWALD, RIC 1818 MARKET S PHILADELPHIA,	Т	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	GHAEMI, HOMA	Delete CKER DRIVE, STE. 1900 606	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CASTRO, HENRY O 2750 NORTH 29TH AVE, STE. 310 HOLLYWOOD, FL 33020		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM F KOSINSKI COMP 01/23/2008