

**PROFIT CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

1995-3-95

B-8081-C

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 AUG -3 AM 11:09

**DOCUMENT # P03036**

(1)

1. Corporation Name

**DANIEL P. COFFEY & ASSOCIATES, LTD., INC.**

Principal Place of Business

205 W. WACKER DR., SUITE 1500  
 CHICAGO IL 60606-1213

Mailing Address

205 W. WACKER DR., SUITE 1500  
 CHICAGO IL 60606-1213

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1984

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 36-3284373 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 28 Zip 29 Country 30 Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

IRWIN, IAN  
 25 SECOND ST NO.  
 STE 200  
 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD  
 NAME: COFFEY, DANIEL P.  
 STREET ADDRESS: 205 W. WACKER, STE 1500  
 CITY - ST - ZIP: CHICAGO IL

1. 1 TITLE  
 1. 2 NAME  
 1. 3 STREET ADDRESS  
 1. 4 CITY - ST - ZIP

TITLE: VD  
 NAME: ROMANO, FRED J  
 STREET ADDRESS: 205 W. WACKER, STE 1500  
 CITY - ST - ZIP: CHICAGO IL

2. 1 TITLE  
 2. 2 NAME  
 2. 3 STREET ADDRESS  
 2. 4 CITY - ST - ZIP

TITLE: VSD  
 NAME: GALLAGHER, JAMES E JR  
 STREET ADDRESS: 205 W. WACKER, STE 1500  
 CITY - ST - ZIP: CHICAGO IL

3. 1 TITLE  
 3. 2 NAME  
 3. 3 STREET ADDRESS  
 3. 4 CITY - ST - ZIP

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

4. 1 TITLE  
 4. 2 NAME  
 4. 3 STREET ADDRESS  
 4. 4 CITY - ST - ZIP

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

5. 1 TITLE  
 5. 2 NAME  
 5. 3 STREET ADDRESS  
 5. 4 CITY - ST - ZIP

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

6. 1 TITLE  
 6. 2 NAME  
 6. 3 STREET ADDRESS  
 6. 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11D 07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL P. COFFEY 7/25/95 (312) 782-9898

Date (Month/Day/Year) System Name #

CR2E034 (3/95)