

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified <b>08/14/1984</b>	3a. Date of Last Report <b>08/04/1995</b>
4. FEI Number <b>36-3284373</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>233 S WACKER DR.</b>	2a. Mailing Address 26 <b>233 S. WACKER DR.</b>
Suite, Apt. #, etc. 22 <b>SUITE 5750</b>	Suite, Apt. #, etc. 27 <b>SUITE 5750</b>
City & State 23 <b>CHICAGO IL</b>	City & State 28 <b>CHICAGO IL</b>
Zip 24 <b>60606</b>	Country 25 <b>USA</b>
Zip 29 <b>60606</b>	Country 30 <b>USA</b>

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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0532 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFFEY, DANIEL P.</b>	1.2 NAME	
STREET ADDRESS	<b>205 W. WACKER, STE 1500</b>	1.3 STREET ADDRESS	<b>233 S. WACKER DR., SUITE 5750</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMANO, FRED J</b>	2.2 NAME	
STREET ADDRESS	<b>205 W. WACKER, STE 1500</b>	2.3 STREET ADDRESS	<b>233 S. WACKER DR., SUITE 5750</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
TITLE	<b>VSD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, JAMES E JR</b>	3.2 NAME	
STREET ADDRESS	<b>205 W. WACKER, STE 1500</b>	3.3 STREET ADDRESS	<b>233 S. WACKER DR., SUITE 5750</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 a 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 in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96  
Date

(312) 382-9898  
Daytime Phone #

CR2E034 (12/95)