

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

08/14/1984

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 233 S. WACKER DR.

26 233 S. WACKER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 5750

27 SUITE 5750

City & State

City & State

23 CHICAGO IL

28 CHICAGO IL

Zip

Country

Zip

Country

24 60606

25 USA

29 60606

30 USA

4. FEI Number

36-3284373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0532 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 PTD ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 233 S. WACKER DR., SUITE 5750  
1.4 CITY-ST-ZIP CHICAGO IL 60606

TITLE VD ☐ DELETE

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 233 S. WACKER DR., SUITE 5750  
2.4 CITY-ST-ZIP CHICAGO IL 60606

TITLE VSD ☐ DELETE

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

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 233 S. WACKER DR., SUITE 5750  
3.4 CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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, and 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 on 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)