

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90063 001 \*\*\*150.00

40050985



03282005 Chg-P CR2E034 (10/03)

4. FEI Number **74-3126876** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TODD, DAVID E.  
1801 HERMITAGE BLVD STE 600  
TALLAHASSEE, FL 32308

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BENNETT, DOUGLAS W  
CITY-ST-ZIP 1801 HERMITAGE BLVD STE 600  
TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, JEFFREY L  
CITY-ST-ZIP 1801 HERMITAGE BLVD STE 600  
TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRAY, LYNNE M  
CITY-ST-ZIP 1801 HERMITAGE BLVD STE 600  
TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS Tognarelli, Maury R.  
CITY-ST-ZIP 191 North Wacker Drive, Suite 2500  
Chicago, Illinois 60606

TITLE ☐ Change ☒ Addition  
NAME VS  
STREET ADDRESS McCarthy, Thomas D.  
CITY-ST-ZIP 191 North Wacker Drive, Suite 2500  
Chicago, Illinois 60606

TITLE ☐ Change ☒ Addition  
NAME TV  
STREET ADDRESS Smith, Roger E.  
CITY-ST-ZIP 191 North Wacker Drive, Suite 2500  
Chicago, Illinois 60606

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

4/4/05  
Date

312-541-6769  
Daytime Phone #