



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90050 028 \*\*\*150.00

<b>DOCUMENT # P 11724</b>					
1. Entity Name CONSECO EQUITY SALES, INC.					
Principal Place of Business 11825 N PENNSYLVANIA ST CARMEL, IN 46032 US			Mailing Address 11825 N PENNSYLVANIA ST CARMEL, IN 46032 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-13015373	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SR, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WILLIAM T. DEVANNEY, JR.</del>		NAME	WILLIAM T. DEVANNEY, JR.	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DAVID D. HUMM</del>		NAME	DAVID D. HUMM	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DANIEL J. MURPHY</del>		NAME	DANIEL J. MURPHY	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete	TITLE	VPCOOAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RONALD L. JACKSON</del>		NAME	RONALD L. JACKSON	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CHICAGO, IL 60654	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DAVID J. BARRA</del>		NAME	DAVID J. BARRA	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WILLIAM P. KOVACS</del>		NAME	WILLIAM P. KOVACS	
STREET ADDRESS	11825 N. PENNSYLVANIA ST		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
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: 		WILLIAM T. DEVANNEY, JR., SR. VP		Date: 1/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: 317-817-6000	

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