

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:15

DOCUMENT # **P14312** (3)

1. Corporation Name  
**HOWARD SIMON & ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**425 HUEHL ROAD UNIT #20 NORTHBROOK IL 60062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/05/1987** 3a. Date of Last Report **01/28/1994**  
4. FEI Number **36-3132023** 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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**SIMON, RONALD  
1402 BEECHWOOD TRAIL  
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City FL B5. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	SIMON, HOWARD A.
STREET ADDRESS	1109 GORDON
CITY - ST - ZIP	DEERFIELD IL
TITLE	SD
NAME	SIMON, ELIZABETH M.
STREET ADDRESS	1109 GORDON
CITY - ST - ZIP	DEERFIELD IL
TITLE	VP
NAME	SCHWECHTER, MARK
STREET ADDRESS	5215 BRIARCREST LANE
CITY - ST - ZIP	LONG GROVE IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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 checked or in an attached schedule.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OF THIS IS OR DIRECTOR  
**HOWARD A. SIMON**

1/23/95 204,584-0340  
Official Process