


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P14312
 1. Entity Name
HOWARD SIMON & ASSOCIATES, INC.



Principal Place of Business Mailing Address
304 SAUNDERS RD **304 SAUNDERS RD**
RIVERWOODS, IL 60015 **RIVERWOODS, IL 60015**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
36-3132823 Not Applicable

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

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

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SIMON, HOWARD A. 7 DUNSINANE LANE DEERFIELD, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMON, ELIZABETH M. 7 BUSINAENE LANE BANNOCKBURN, FL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHWECHTER, MARK 5215 BRIARCREST LANE LONG GROVE, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/12/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #