

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28662

FILED
Jan 02, 2008
Secretary of State

Entity Name: RICONDO & ASSOCIATES, INC.

Current Principal Place of Business:

20 N. CLARK STREET
SUITE 1500
CHICAGO, IL 60602

New Principal Place of Business:

Current Mailing Address:

20 N. CLARK STREET
SUITE 1500
CHICAGO, IL 60602

New Mailing Address:

FEI Number: 36-3663903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICONDO, PETE
6205 BLUE LAGOON DR., STE. 280
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FAULHABER, JOSEPH M
Address: 10146 HICKORY VALLEY DRIVE
City-St-Zip: HARRISON, OH 45030

Title: V () Delete
Name: WHEELER, GEOFFREY A
Address: 759 TWILIGHT DRIVE
City-St-Zip: CRESCENT SPRINGS, KY 41017

Title: V () Delete
Name: TREZISE, DOUGLAS R
Address: 6 NORTH WILLE
City-St-Zip: MT PROSPECT, IL 60056

Title: PTS () Delete
Name: RICONDO RAMON,
Address: 25580 WHITE BIRCH LANE
City-St-Zip: WHEATON, IL 60187

Title: V () Delete
Name: WILLIAMS, JOHN
Address: 3346 E. TANGLEWOOD DR
City-St-Zip: PHOENIX, AZ 85048

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: RICONDO, PEDRO
Address: 6205 BLUE LAGOON DRIVE, SUITE 280
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON RICONDO

PRES

01/02/2008

Electronic Signature of Signing Officer or Director

_____ Date