


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 20 PM 2:43

DOCUMENT # P35914		
1. Entity Name SWETT & CRAWFORD OF COLORADO, INC.		

Principal Place of Business 200 E RANDOLPH CHICAGO, IL 60601 US	Mailing Address P O BOX 8264 TAX DEPT CHICAGO, IL 60680-8269 US
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2. Principal Place of Business - No P.O. Box # 615 S. Figueroa St. Suite, Apt. #, etc. Suite 600 City & State Los Angeles Zip Country	3. Mailing Address (SAME AS PRINCIPAL) Suite, Apt. #, etc. City & State Zip Country
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01172007 Chg-P CR2E034 (12/06)

4. FEI Number 95-3810440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000089283010 02/27/07--01001--030 **450.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTOCH, DAVID R 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J. Neal Abernathy 3715 Northside Pkwy, 200 Northcreek, #800 Atlanta, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE M 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CRATE RUBIN 21650 Oxnard St. 14th Fl WOODLAND HILLS, CA 91367 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP VODZIAK, RICHARD L 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Michael Barely 7230 McGinnis Ferry Rd. SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRAFT, JENNIEFR L 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Detsy Edelman 3715 Northside Pkwy, 200 Northcreek, #800 Atlanta, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BARRY, RICHARD E 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Hartoch 21650 Oxnard St, 14th Fl WOODLAND HILLS, CA 91367 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, TERRENCE J 200 E RANDOLPH CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Terri Snel 7230 McGinnis Ferry Rd, SUWANEE, GA 30024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: CRAIG RUBIN 02/15/07 213 337 4574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #