

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90046 040 ***150.00

DOCUMENT # P95000070637
 1. Entity Name
 6401 SOUTH BOSTON STREET INC.



Principal Place of Business
 1801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE, FL 32308 US

Mailing Address
 1801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE, FL 32308 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01232004 Chg-P CR2E034 (10/03)

4. FEI Number
 36-4046179 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
 TODD, DAVID E
 1801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, ROGER E	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD #600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS D	
STREET ADDRESS	180 N. LASALLE STRET	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFERY L	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOGNARELLI, MAURY	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO, IL 60601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	191 N. Wacker Dr., Suite 2500	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	191 N. Wacker Dr., Suite 2500	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	191 N. Wacker Dr., Suite 2500	
CITY-ST-ZIP	Chicago, IL 60606	

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: Roger E. Smith 3/30/04 (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #