



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90046 040 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P95000070637</b><br>1. Entity Name<br>6401 SOUTH BOSTON STREET INC.   |  |   |   |   |  |
| Principal Place of Business<br>1801 HERMITAGE BLVD<br>SUITE 100<br>TALLAHASSEE, FL 32308 US   |  |   | Mailing Address<br>1801 HERMITAGE BLVD<br>SUITE 100<br>TALLAHASSEE, FL 32308 US   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   | <br><br>01232004 Chg-P CR2E034 (10/03)           |  |
| City & State  |  | City & State  |   |  |  |
| Zip   |  | Zip   |   |  |  |
| Country   |  | Country   |   |  |  |
| 4. FEI Number<br><b>36-4046179</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br>TODD, DAVID E<br>1801 HERMITAGE BLVD<br>SUITE 100<br>TALLAHASSEE, FL 32308   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BENNETT, DOUGLAS W<br>1801 HERMITAGE BLVD<br>TALLAHASSEE, FL 32308    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VT<br>SMITH, ROGER E<br>180 N LASALLE ST<br>CHICAGO, IL 60601              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>191 N. Wacker Dr., Suite 2500<br>Chicago, IL 60606 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVAT<br>GRAY, LYNNE M<br>1801 HERMITAGE BLVD #600<br>TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VS<br>MCCARTHY, THOMAS D<br>180 N. LASALLE STRET<br>CHICAGO, IL 60601      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>191 N. Wacker Dr., Suite 2500<br>Chicago, IL 60606 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVAS<br>SMITH, JEFFERY L<br>1801 HERMITAGE BLVD<br>TALLAHASSEE, FL 32308   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>TOGNARELLI, MAURY<br>180 N. LASALLE STREET<br>CHICAGO, IL 60601       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>191 N. Wacker Dr., Suite 2500<br>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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Roger E. Smith</u> <u>3/30/04</u> <u>(312) 855-5700</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |  |  |