2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# P96000030442

Entity Name: RUDEN MCCLOSKY CONSULTING, INC.

Current Principal Place of Business:

200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0677353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRUL, MICHAEL H
200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 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:	PD	( ) Delete
Name:	KRUL, MICHAEL H	
Address:	200 E. BROWARD BLVD., STE 1500	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	VSTD	( ) Delete
Name:	SCHUSTER, CARL	
Address:	200 E. BROWARD BLVD., STE 1500	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	VPAS	( ) Delete
Name:	SMALLWOOD, MARY	
Address:	215 S. MONROE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VPAS	( ) Delete
Name:	COX, BERNICE	
Address:	215 S. MONROE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	AS	( ) Delete
Name:	LANE, DAVID	
Address:	200 E. BROWARD BLVD., STE 1500	
City-St-Zip:	FT. LAUDERDALE, FL 33301	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL H. KRUL PD 01/23/2004

Electronic Signature of Signing Officer or Director — Date