

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040342

Entity Name: H. JACOBSON AND COMPANY

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

7900 GLADES RD, STE 320
BOCA RATON, FL 334344104 US

New Principal Place of Business:

7900 GLADES ROAD
SUITE 320
BOCA RATON, FL 334344104 US

Current Mailing Address:

7900 GLADES RD, STE 320
BOCA RATON, FL 334344104 US

New Mailing Address:

7900 GLADES ROAD
SUITE 320
BOCA RATON, FL 334344104 US

FEI Number: 65-0687674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, HAROLD B.
7900 GLADES RD, STE 320
BOCA RATON, FL 334344104 US

Name and Address of New Registered Agent:

JACOBSON, HAROLD B.
7900 GLADES ROAD
SUITE 320
BOCA RATON, FL 334344104 US

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: HAROLD B JACOBSON

03/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBSON, HAROLD B
Address: 7900 GLADES RD, STE 320
City-St-Zip: BOCA RATON, FL 334344104

Title: SDT () Delete
Name: JACOBSON, BEATRIZ
Address: 7900 GLADES RD, STE 320
City-St-Zip: BOCA RATON, FL 334344104

Title: D () Delete
Name: KOOLIK, TANIA
Address: 2375 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: JACOBSON, DAVID A M.D.
Address: 3750 NORTH LAKESHORE DRIVE #6A
City-St-Zip: CHICAGO, IL 60613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACOBSON, HAROLD B
Address: 7900 GLADES RD, STE 320
City-St-Zip: BOCA RATON, FL 334344104 US

Title: SDT (X) Change () Addition
Name: JACOBSON, BEATRIZ
Address: 7900 GLADES RD, STE 320
City-St-Zip: BOCA RATON, FL 334344104 US

Title: VP (X) Change () Addition
Name: KOOLIK, TANIA
Address: 2375 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP (X) Change () Addition
Name: JACOBSON, DAVID A M.D.
Address: 3750 NORTH LAKESHORE DRIVE #6A
City-St-Zip: CHICAGO, IL 60613 US

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: HAROLD B JACOBSON

PD

03/23/2004

Electronic Signature of Signing Officer or Director

Date