

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000099387

FILED
Feb 02, 2004
Secretary of State

Entity Name: CORVEST PROMOTIONAL PRODUCTS, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DR., STE. 800
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DR., STE. 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0728840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DR., STE. 800
MIAMI, FL 33133 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: D () Delete
Name: POWELL, EARL
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: TEMPLETON, TROY D
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: KUFFNER, MARILYN D
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: UPHOFF, BARRY
Address: 2665 SO BAY SHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: DC () Delete
Name: ABBOTT, MARK
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: DP () Delete
Name: WHITESELL, ROBERT
Address: 1450 GRANDVIEW AVENUE
City-St-Zip: THOROFARE, NJ 08086

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: D (X) Change () Addition
Name: MINARIK, JAMES
Address: ONE VIPER WAY
City-St-Zip: VISTA, CA 92083

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: MARILYN D. KUFFNER

S

02/02/2004

Electronic Signature of Signing Officer or Director

Date

DONALD POLLO V/CFO/AS
7340 BRYAN DAIRY ROAD
LARGO FL 33777

BRUCE GORCHOW DIRECTOR
225 WEST WACKER
STE 1200
CHICAGO IL 60606