


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 017 ***150.00

DOCUMENT # P99000023357 1. Entity Name UDELL ASSOCIATES, INC.					
Principal Place of Business 1900 SUMMIT TOWER BLVD. STE. 240 ORLANDO, FL 32810			Mailing Address 787 7TH AVENUE 49TH FLOOR NEW YORK, NY 10019		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address C/O NFP, 500 W. Madison St Suite 2400 Chicago, IL 60661 City & State Zip			
Country USA		4. FEI Number 13-4072128 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UDELL, BRUCE 1900 SUMMIT TOWER BLVD., SUITE 240 ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS UDELL, JANET S 1900 SUMMIT TOWER BLVD., SUITE 240 ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UDELL, BRUCE 1900 SUMMIT TOWER BLVD. STE. 240 ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HAMMOND, DOUGLAS W 787 SEVENTH AVENUE 49TH FLOOR NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIESER, LORI 500 W MADISON, SUITE 3650 CHICAGO, IL 60661		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LAWRENCE 787 SEVENTH AVENUE 49TH FLOOR NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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.			VP Hinkson, Malika 787 Seventh Ave, 11th Floor New York, NY 10019		
SIGNATURE: <u>Lori M. Lieser</u>			DATE: <u>4-21-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <u>312-985-5100</u>		