

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023357

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: UDELL ASSOCIATES, INC.

## Current Principal Place of Business:

1900 SUMMIT TOWER BLVD.  
STE. 240  
ORLANDO, FL 32810 US

## New Principal Place of Business:

## Current Mailing Address:

C/O NFP 500 W MADISON ST  
STE 2400  
CHICAGO, IL 60661 US

## New Mailing Address:

FEI Number: 13-4072128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: UDELL, BRUCE  
Address: 1900 SUMMIT TOWER BLVD., SUITE 240  
City-St-Zip: ORLANDO, FL 32810

Title: DVPS ( ) Delete  
Name: UDELL, JANET S  
Address: 1900 SUMMIT TOWER BLVD., SUITE 240  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: ZUCCARO, ROBERT  
Address: 787 SEVENTH AVENUE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: VP ( ) Delete  
Name: HINKSON, MALIKA  
Address: 787 7TH AVE 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: VP ( ) Delete  
Name: LIESER, LORI  
Address: 500 W MADISON , SUITE 2400  
City-St-Zip: CHICAGO, IL 60661

## 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 Chapter 119, 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: LORI M. LIESER

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date