2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023357

Entity Name: UDELL ASSOCIATES, INC.

FILED Apr 01, 2008 Secretary of State

Littley Nai	ile. ODLLL	ASSOCIATES, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
407 WEKIVA SPRINGS RD, SUITE 247 LONGWOOD, FL 32779 US			1605 MAIN 1110 SARASOT	N STREET TA, FL 34236 US	
Current Mailing Address:			New Maili	New Mailing Address:	
	500 W MADIS	SON ST			
STE 2400 CHICAGO	, IL 60661	US			
FEI Number:	13-4072128	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	ORATION SY TH PINE ISL/ ON, FL 3332	AND RD.			
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	UDELL, BRUG 407 WEKIVA) Delete DE SPRINGS RD, SUITE 247 , FL 32779 US	Title: Name: Address: City-St-Zip:	DPT (X) Change () Addition UDELL, BRUCE 1605 MAIN STREET, SUITE,1110 SARASOTA, FL 34236 US	
Title: Name: Address: City-St-Zip:	UDELL, JANE 407 WEKIVA) Delete ET S SPRINGS RD, SUITE 247 , FL 32779 US	Title: Name: Address: City-St-Zip:	DVPS (X) Change () Addition UDELL, JANET S 1605 MAIN STREET, SUITE 1110 SARASOTA, FL 34236 US	
Title: Name: Address: City-St-Zip:	ZUCCARO, R 407 WEKIVA) Delete OBERT SPRINGS RD, SUITE 247 , FL 32779 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HINKSON, MA 407 WEKIVA) Delete ALIKA SPRINGS RD, SUITE 247 , FL 32779 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIESER, LOR	SON , SUITE 2400	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JANET S UDELLL DVPS 04/01/2008