

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023357

Entity Name: UDELL ASSOCIATES, INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

1605 MAIN STREET
1110
SARASOTA, FL 34236 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
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DPT () Delete
Name: UDELL, BRUCE
Address: 1605 MAIN STREET, SUITE, 1110
City-St-Zip: SARASOTA, FL 34236 US

Title: DVPS () Delete
Name: UDELL, JANET S
Address: 1605 MAIN STREET, SUITE 1110
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 407 WEKIVA SPRINGS RD, SUITE 247
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: HINKSON, MALIKA
Address: 407 WEKIVA SPRINGS RD, SUITE 247
City-St-Zip: LONGWOOD, FL 32779 US

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 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 UDELL

DVPS

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date