



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 011 ***150.00

DOCUMENT # P99000040213 1. Entity Name SPALDING-FARDIE & ASSOCIATES, INC.					
Principal Place of Business 2443 FISHER ISLAND DR MIAMI BEACH, FL 33109-0127			Mailing Address C/O NATIONAL FINANCIAL PARTNERS 787 SEVENTH AVE 49TH FLOOR NEW YORK, NY 10019		
2. Principal Place of Business One SE Third Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)	
Zip 33131		Country USA		4. FEI Number 13-4057787	
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, 2004 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	DTS SPALDING-FARDIE, SHERRY 2443 FISHER ISLAND DR MIAMI, FL 33109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIESER, LORI M 500 W. MADISON STE., #3650 CHICAGO, IL 60661	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARDIE, KENNETH 2443 FISHER ISLAND DR MIAMI, FL 33109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMOND, DOUGLAS 787 SEVENTH AVE, 49TH FLR NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LAWRENCE 787 SEVENTH AVE, 49TH FLR NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.T.S.V Spalding-Fardie, Sherry One SE Third Avenue Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fardie, Kenneth One SE Third Avenue Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zuccaro, Robert 787 Seventh Ave, 49th Fl. New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u>Robert Zuccaro</u> 4-27-04 312-985-5100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					