

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91029 049 ***150.00



DOCUMENT # 638805

1. Entity Name
HARBOUR ISLAND INC.

Principal Place of Business
**2700 SANDERS RD
 ATTN: TAX DEPT
 PROSPECT HEIGHTS, IL 60070 US**

Mailing Address
**2700 SANDERS RD
 ATTN: TAX DEPT 25
 PROSPECT HEIGHTS, IL 60070 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
51-0256917

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



04212004 Chg-P CR2E034 (10/03)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, G D		NAME	Shanley, T. P	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, B B JR		NAME	Klug, L. C	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS	2700 Sanders Rd	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	Prospect Hts, IL 60070	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOZAR, S A		NAME	Matterson, L. S	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS	2700 Sanders Rd	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	Prospect Hts, IL 60070	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, M A		NAME	Polayes, F. M	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS	2700 Sanders Rd	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	Prospect Hts, IL 60070	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, J M		NAME		
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, G D		NAME		
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		

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: Joseph M. Angelo **Joseph M. Angelo** 4/26/04 847-564-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Aceme 994804