

FILED
Jun 10, 2004 8:00 am
Secretary of State


05-11-2004 90077 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66427606



01072004 Chg-P CR2E034 (10/03)

DOCUMENT # F0300000955					
1. Entity Name GABELLI & COMPANY, INC.					
Principal Place of Business ONE CORPORATE CENTER RYE, NY 10580			Mailing Address ONE CORPORATE CENTER RYE, NY 10580		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2885006 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZELLER, MARGARET 249 ROYAL PALM WAY PLAZA CENTER, SUITE 503 PALM BEACH, FL 33480			Name GERALD MATHISON Street Address (P.O. Box Number is Not Acceptable) 249 ROYAL PALM WAY PLAZA CENTER, SUITE 503 City PALM BEACH FL 33480		
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 <u><i>Gerald L. Mathison</i></u> DATE <u>6-4-04</u>					
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	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER, JAMES G III		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMOLICZ, IRENE		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZUCCARO, ROBERT		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALPERT, BRUCE N		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKEE, JAMES E		NAME		
STREET ADDRESS	ONE CORPORATE CENTER		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>J. McKee</i></u>			Date: <u>5/7/04</u>		Daytime Phone #: <u>914 921 5294</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES E. MCKEE SECRETARY					