


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002521

1. Entity Name
CANNON SLINE INDUSTRIAL, INC.



Principal Place of Business 300 DELAWARE, SUITE 714 WILMINGTON, DE 19801	Mailing Address 300 DELAWARE, SUITE 714 WILMINGTON, DE 19801
---	---

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0006176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHUPLIS, MARK 300 DELAWARE, SUITE 714 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, STEVE 300 DELAWARE, SUITE 714 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, LEEANN 300 DELAWARE, SUITE 714 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JELLINEK, JOHN 414 N. ORLEANS CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS KATZ, HOWARD 414 N. ORLEANS CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000101267
 04/02/04-800006-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leeann Olson 3/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #