2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # 206426** 04-28-2006 90247 001 ***333.75 HARTSEL RANCH CORPORATION Principal Place of Business Mailing Address 140 S. DEARBORN ST. 140 S. DEARBORN ST. 66012804 **SUITE 1200 SUITE 1200** CHICAGO, IL 60603 US CHICAGO, IL 60603 CR2E034 (11/05) No Chg-P 04202006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1010067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, STEVEN ESQ. DO NOT WRITE 222 LAKEVIEW AVENUE, SUITE 1000 WEST PALM BEACH, FL 33401 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 _______Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VD MINTZ, JOSHUA J NAME 140 S DEARBORN ST., STE. 1200 STREET ADDRESS CITY-\$T-ZIP CHICAGO, IL 606035285 VSD TITLE CHERNOFF, DAVID S NAME STREET ADDRESS 140 S DEARBORN ST., STE. 1200 CITY-ST-ZIP CHICAGO, IL 60603 TITLE YANCHURA, MARC NAME STREET ADDRESS 140 S DEARBORN ST., STE. 1200 DO NOT WRITE CITY-ST-ZIP CHICAGO, IL 606035285 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 at address, with all other like empowered.

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CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

> Joshua J. Mintz D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/06

(312) 726-8000

FILED

Daytime Phone #