

# 2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819598

1. Entity Name

MIDAS REALTY CORPORATION

Principal Place of Business

225 N MICHIGAN AVE  
CHICAGO IL 60601

Mailing Address

225 N MICHIGAN AVE  
CHICAGO IL 60601

2. Principal Place of Business

1300 Arlington Heights Road

Suite, Apt. #, etc.

3. Mailing Address

1300 Arlington Heights Road

Suite, Apt. #, etc.

City & State

Itasca, Illinois

Zip

60143

Country

USA

City & State

Itasca, Illinois

Zip

60143

Country

USA

4. FEI Number

36-2545665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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.

SIGNATURE

*Christine M. Eastwine*

Christine M. Eastwine  
Assistant Secretary

5/4/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!  
After SEPTEMBER 1  
Make Check Payable to Department of State

FEE IS \$550.00  
2000 Min. will be \$750.00

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	PROVINCE, WENDEL H	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 0 60601	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARCLAY, R LEE	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 0	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SORENSEN, ROBERT H	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PAPPAS, CHRISTIAN C	
STREET ADDRESS	225 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 Arlington Heights Road	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 Arlington Heights Road	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 Arlington Heights Road	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 Arlington Heights Road	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 no 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William H. Guzik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

630-438-3000

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -8 PM 4:48



REINSTATEMENT 00-01

CR2E034 (5/00)