


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 819598
 1. Entity Name
MIDAS REALTY CORPORATION



Principal Place of Business _____ Mailing Address _____
1300 ARLINGTON HEIGHTS ROAD **1300 ARLINGTON HEIGHTS ROAD**
ITASCA, IL 60143 **ITASCA, IL 60143**

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)
 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1100000217652
 02/07/05-80033-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	AC
NAME	KUNSTMAN, MICHAEL
STREET ADDRESS	1300 ARLINGTON HEIGHTS RD
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	VPD
NAME	GUZIK, WILLIAM M
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	SD
NAME	MARR, ALVIN K
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	VPT
NAME	MATRE, DAVID W
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	CEOD
NAME	FELDMAN, ALAN D
STREET ADDRESS	1300 ARLINGTON HEIGHTS RD
CITY-ST-ZIP	ITASCA, IL 60143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael K Kunstman **Michael K Kunstman** 1/27/2005 630.438-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #