

**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
**1300 ARLINGTON HEIGHTS ROAD
ITASCA, IL 60143**

Mailing Address
**1300 ARLINGTON HEIGHTS ROAD
ITASCA, IL 60143**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

630.438-355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #