

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90001 042 ***150.00

DOCUMENT # 831838

1. Entity Name
NORTRUST REALTY MANAGEMENT, INC.



Principal Place of Business
**C/O CORPORATE TAX, M-11
50 S LA SALLE STREET
CHICAGO, IL 60675**

Mailing Address
**C/O ROSE ELLIS, M-9
50 S LA SALLE STREET
CHICAGO, IL 60675 US**

54062959



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2788360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN, E. PAUL
STREET ADDRESS	50 S. LASALLE ST
CITY-ST-ZIP	CHICAGO, IL 60675

TITLE	O
NAME	JANOVSKY, BRUCE C
STREET ADDRESS	50 S. LASALLE STREET
CITY-ST-ZIP	CHICAGO, IL

TITLE	S
NAME	ANTONI, VICTORIA
STREET ADDRESS	50 S. LASALLE ST.
CITY-ST-ZIP	CHICAGO, IL

TITLE	O
NAME	LORRAINE A GIBAS
STREET ADDRESS	50 S. LASALLE ST
CITY-ST-ZIP	CHICAGO, IL

TITLE	V
NAME	BOVY, KATHLEEN C
STREET ADDRESS	50 S LASALLE STREET
CITY-ST-ZIP	CHICAGO, IL 60675

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)(i), 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 persons empowered.

SIGNATURE: Bruce C Janovsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/04

312-635-6648

BRUCE C JANOVSKY