

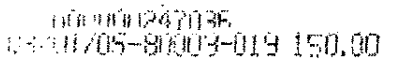


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

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	 01252005 No Chg-P CR2E034 (10/03) 4. FEI Number 36-2788360 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, E. PAUL 50 S. LASALLE ST CHICAGO, IL 60675	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JANOVSKY, BRUCE C 50 S. LASALLE STREET CHICAGO, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTONI, VICTORIA 50 S. LASALLE ST. CHICAGO, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LORRAINE A GIBAS 50 S. LASALLE ST CHICAGO, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOVY, KATHLEEN C 50 S LASALLE STREET CHICAGO, IL 60675	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Bruce C. Janovsky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/3/05</u> Daytime Phone # <u>312-630-6648</u>

Signing officer