2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#831838

Entity Name: NORTRUST REALTY MANAGEMENT, INC.

FILED Apr 23, 2007 Secretary of State

Current P	rincipal Place	New Prince	New Principal Place of Business:				
	PORATE TAX, I ALLE STREET , IL 60675	M-11	50 S LA SA CHICAGO	ALLE STREE IL 60675	T US		
Current M	ailing Addres	New Maili	New Mailing Address:				
C/O ROSE ELLIS, M-9 50 S LA SALLE STREET CHICAGO, IL 60675 US			50 S LA SALLE STREET CHICAGO, IL 60675 US				
FEI Number:	36-2788360	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate	e of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PII PLANTATI The above	DRATION SYS NE ISLAND RC ON, FL 33324 named entity se of Florida.	DAD	ourpose of changing i	ts registered	office or re	gistered agent, or both,	
SIGNATUR	RE:						
	Electron	ent		С	ate		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DUNN, E. PAUL 50 S. LASALLE CHICAGO, IL 6	0675	Title: Name: Address: City-St-Zip:	DUNN, E. PA 50 S. LASALI CHICAGO, IL	LE ST . 60675 US	,	
Title: Name: Address:	O () JANOVSKY, BR 50 S. LASALLE		Title: Name: Address:	S VICTORIA, 50 S. LASALI	(X) Change(LE ST.) Addition	

Title: O (X) Delete Name: LORRAINE A GIBAS,

CHICAGO, IL

CHICAO, IL

ANTONI, VICTORIA,

50 S. LASALLE ST.

() Delete

City-St-Zip:

Title:

Name:

Address: City-St-Zip:

Address: 50 S. LASALLE ST City-St-Zip: CHICAGO, IL

Title: V (X) Delete Name: BOVY, KATHLEEN C

Address: 50 S LASALLE STREET
City-St-Zip: CHICAGO, IL 60675

Title: () Change () Addition

CHICAGO, IL 60675 US

BOVY, KATHLEEN C

50 S LASALLE STREET

CHICAGO, IL 60675 US

(X) Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA ANTONI S 04/23/2007