


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90059 024 \*\*\*150.00

<b>DOCUMENT # 847977</b>	
1. Entity Name <b>REALTY SYSTEMS, INC.</b>	

Principal Place of Business <b>C/O JENNIFER USHER 2 N RIVERSIDE PLAZA 800 CHICAGO, IL 60606 US</b>	Mailing Address <b>C/O JENNIFER USHER 2 N RIVERSIDE PLAZA 800 CHICAGO, IL 60606 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number <b>84-0851461</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>LEXIS NEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HENEGHAN JR, THOMAS P</b> <b>TWO NORTH RIVERSIDE PLAZA 800</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/P/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVA</b> <b>KELLEHER, ELLEN</b> <b>TWO NORTH RIVERSIDE PLAZA, SUITE 800</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>REED, MICHAEL</b> <b>7310 N 16TH STREET #226</b> <b>PHOENIX, AZ 85020</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Berman VP/CFO/T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Two N. Riverside Plaza, #800</b> <b>Chicago, Illinois 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>WALKER, HOWARD</b> <b>TWO NORTH RIVERSIDE PLAZA, SUITE 800</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CROOK, CHUCK</b> <b>28050 US HIGHWAY 19 NORTH</b> <b>CLEARWATER, FL 33761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JENNIFER, USHER L</b> <b>2 N RIVERSIDE PLAZA STE 800</b> <b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: By: Jennifer L. Usher **Jennifer Usher, Secretary 312/279-1400**  
 Date: **02/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #