

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 035 \*\*\*150.00



**DOCUMENT # 847977**  
 1. Entity Name  
**REALTY SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**C/O JENNIFER USHER** **C/O JENNIFER USHER**  
**2 N RIVERSIDE PLAZA 800** **2 N RIVERSIDE PLAZA 800**  
**CHICAGO, IL 60606 US** **CHICAGO, IL 60606 US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **84-0851461** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEXIS NEXIS DOCUMENT SOLUTIONS, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HENEGHAN JR, THOMAS P <input type="checkbox"/> Delete TWO NORTH RIVERSIDE PLAZA 800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVA KELLEHER, ELLEN <input type="checkbox"/> Delete TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT BERMAN, MICHAEL <input type="checkbox"/> Delete TWO N RIVERSIDE PLAZA, #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WALKER, HOWARD TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete CROOK, CHUCK 28050 US HIGHWAY 19 NORTH CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete JENNIFER, USHER L 2 N RIVERSIDE PLAZA STE 800 CHICAGO, IL 60606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/D/EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPCT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Roger Maynard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Two N. Riverside Plaza #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" 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 like empowered.

SIGNATURE: By Jennifer L. Usher **Jennifer L. Usher, Asst. Secretary**  
 Date: **04/15/05** Daytime Phone #: **312/279-1400**