


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90107 033 \*\*\*150.00

<b>DOCUMENT # F01000003655</b> 1. Entity Name <b>MARKET SYSTEMS INC.</b>			
Principal Place of Business <b>20 N WALKER DR.                  STE. 3400                  CHICAGO, IL 60606</b>		Mailing Address <b>20 N WALKER DR.                  STE. 3400                  CHICAGO, IL 60606</b>	
2. Principal Place of Business <b>20 N. WALKER DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>20 N. WALKER DR.</b> Suite, Apt. #, etc.	
City & State <b>SAME AS</b>		City & State <b>SAME AS ABOVE</b>	
Zip <b>ABOVE</b> Country		Zip Country	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2005 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARN, THEODORE	NAME	KARN, THEODORE
STREET ADDRESS	2464 NORTH ORCHARD	STREET ADDRESS	20 NORTH HACKER DRIVE, SUITE 3400
CITY-ST-ZIP	CHICAGO, IL 60614	CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARN, LINDA	NAME	KARN, LINDA
STREET ADDRESS	2464 NORTH ORCHARD	STREET ADDRESS	20 NORTH WACKER DRIVE, SUITE 3400
CITY-ST-ZIP	CHICAGO, IL 60614	CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <u>Theodore Karn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MARCH 10, 2005 <span style="float: right;">(312)</span> Date <span style="float: right;">236-4500</span> Daytime Phone #	

**50025868**



01212005 Chg-P CR2E034 (10/03)

4. FEI Number **36-4237348** Applied For Not Applicable

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