


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 043 ***150.00

DOCUMENT # F03000004705 1. Entity Name MID-AMERICA MANAGEMENT CORP.	
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Principal Place of Business 2901 BUTTERFIELD RD. OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
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50038858



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4220594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BARG, ROBERT M 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARG, ROBERT M 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREMIN, ALAN F 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGUINNESS, THOMAS P 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP NORTON, ANGELA 2901 BUTTERFIELD RD. OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, FRANCES C 2901 BUTTERFIELD RD. OAK BROOK, IL 60523

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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: Robert M. Barga Date: 4/11/05 Daytime Phone #: 630-218-8000