


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90005 007 ***150.00

DOCUMENT # F03000005679

1. Entity Name
RTD HALLSTAR, INC.



Principal Place of Business
**1500 RT. 517, STE. 305
 HACKETTSTOWN, NJ 07840**

Mailing Address
**1500 RT. 517, STE. 305
 HACKETTSTOWN, NJ 07840**

J2U06J66



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**311 S. WACKER DRIVE
 SUITE 4700**

07072004 Chg-P CR2E034 (10/03)

City & State
CHICAGO, ILLINOIS

4. FEI Number
36-4424265

Applied For
 Not Applicable

Zip
60606

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00.
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** Delete
 NAME **PARO, JOHN**
 STREET ADDRESS **311 S. WACKER DR, STE 4700**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **SAVISTANO, JAMES**
 STREET ADDRESS **14482 CYPRESS ISLAND CIR.**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SEUM, THOMAS**
 STREET ADDRESS **311 S. WACKER DR, STE 4700**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 affidavit with all other like empowered.

SIGNATURE:  **THOMAS SEUM** 7/07/04 312 554-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #