

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000109

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TR AVENUES CORP.

**Current Principal Place of Business:**

191 N. WACKER DRIVE, SUITE 2500  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

**Current Mailing Address:**

191 N. WACKER DRIVE, SUITE 2500  
CHICAGO, IL 60606 US

**New Mailing Address:**

**FEI Number:** 36-3908645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPAS  
Name: HOGAN, LAUREN D  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: PSTD  
Name: KEANE, BLAISE P  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: VPAS  
Name: EDELMAN, HOWARD J  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: VPAS  
Name: KELLY, THOMAS P  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P. KELLY

VP

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date