

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000820

FILED
Apr 27, 2005
Secretary of State

Entity Name: AMERICAN IMAGING MANAGEMENT, INC.

Current Principal Place of Business:

40 SKOKIE BLVD., STE. 500
NORTHBROOK, IL 60062

New Principal Place of Business:

540 LAKE COOK ROAD
SUITE 300
DEERFIELD, IL 60015

Current Mailing Address:

40 SKOKIE BLVD., STE. 500
NORTHBROOK, IL 60062

New Mailing Address:

540 LAKE COOK ROAD
SUITE 300
DEERFIELD, IL 60015

FEI Number: 36-3692630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRINGTON, DAVID
Address: 1247 RIDGE
City-St-Zip: EVANSTON, IL 60202

Title: T () Delete
Name: CHOW, JAMES
Address: 8001 MADISON LANE
City-St-Zip: WOODRIDGE, IL 60517

Title: C () Delete
Name: LINDSLEY, HAYS
Address: 5525 STONEGATE ROAD
City-St-Zip: DALLAS, TX 75209

Title: D (X) Delete
Name: LORIO, C J
Address: 5426 GLENWICK LANE
City-St-Zip: DALLAS, TX 75209

Title: S (X) Delete
Name: MCGIVERN, LYNN S
Address: 2477 W. MONTROSE
City-St-Zip: CHICAGO, IL 60618

Title: CMO (X) Delete
Name: SOFFA, DAVID
Address: 735 14TH AVENUE
City-St-Zip: SAN FRANCISCO, CA 94118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRINGTON, DAVID S P
Address: 1247 RIDGE
City-St-Zip: EVANSTON, IL 60202

Title: S (X) Change () Addition
Name: CHOW, JAMES J S
Address: 8001 MADISON LANE
City-St-Zip: WOODRIDGE, IL 60517

Title: T (X) Change () Addition
Name: CHOW, JAMES J T
Address: 8001 MADISON LANE
City-St-Zip: WOODRIDGE, IL 60517

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES J CHOW

S

04/27/2005

Electronic Signature of Signing Officer or Director

Date