

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 034 ***150.00

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1. Entity Name

ALLIED DISTRICT PROPERTIES CORP.



Principal Place of Business

180 N STETSON AVE
STE 3240
CHICAGO, IL 60601

Mailing Address

180 N STETSON AVE
STE 3240
CHICAGO, IL 60601

40014391



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3963360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GOODMAN, ELLIS
STREET ADDRESS	180 N STETSON AVE STE 3240
CITY- ST- ZIP	CHICAGO, IL 60601
TITLE	VICE-PRESIDENT / CHIEF FINANCIAL OFFICER
NAME	CATHY GREEN
STREET ADDRESS	180 N STETSON, STE 3240
CITY- ST- ZIP	CHICAGO, IL 60601
TITLE	VICE-PRESIDENT
NAME	PAUL GOODMAN
STREET ADDRESS	180 N STETSON, STE 3240
CITY- ST- ZIP	CHICAGO, IL 60601
TITLE	SECRETARY
NAME	GILLIAN GOODMAN
STREET ADDRESS	180 N STETSON, STE 3240
CITY- ST- ZIP	CHICAGO, IL 60601
TITLE	ASST. SECRETARY
NAME	LANA QUINN
STREET ADDRESS	180 N STETSON, STE 3240
CITY- ST- ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #