


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-31-2008 90013 034 ***150.00

DOCUMENT # F97000000342

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
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40014391



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3963360	Applied For Not Applicable
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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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOODMAN, ELLIS 180 N STETSON AVE STE 3240 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / CHIEF FINANCIAL OFFICER CATHY GREEN 180 N STETSON, STE 3240 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT PAUL GOODMAN 180 N STETSON, STE 3240 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GILLIAN GOISHAN 180 N STETSON, STE 3240 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY LANA QUINN 180 N STETSON, STE 3240 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] Date: 1-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #