

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000342

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ALLIED DISTRICT PROPERTIES CORP.

## Current Principal Place of Business:

180 N STETSON AVE  
STE 3240  
CHICAGO, IL 60601

## New Principal Place of Business:

## Current Mailing Address:

180 N STETSON AVE  
STE 3240  
CHICAGO, IL 60601

## New Mailing Address:

FEI Number: 36-3963360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PSTD ( ) Delete  
Name: GOODMAN, ELLIS  
Address: 180 N STETSON AVE STE 3240  
City-St-Zip: CHICAGO, IL 60601

Title: VPCF ( ) Delete  
Name: GREEN, CATHY  
Address: 180 N STETSON STE 3240  
City-St-Zip: CHICAGO, IL 60601

Title: VP ( ) Delete  
Name: GOODMAN, PAUL  
Address: 180 N STETSON STE 3240  
City-St-Zip: CHICAGO, IL 60601

Title: S ( ) Delete  
Name: GOODMAN, GILLIAN  
Address: 180 N STETSON STE 3240  
City-St-Zip: CHICAGO, IL 60601

Title: AS ( ) Delete  
Name: QUINN, LANA  
Address: 180 N STETSON STE 3240  
City-St-Zip: CHICAGO, IL 60601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: CATHY GREEN

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date