## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P15408 LUE COMPANY						04-22-2008	_	019 ***1	
Principal Plac	e of Business	Mailing Address					-			
8600 W BRYN MAWR 8600 W. BRYN MAWR CHICAGO, IL 60631 US		8600 W BRYN MAWR CHICAGO, IL 60631 US				THE RESIDENCE OF THE RE	A BIBII BIBII BI	8   818   818   818	::::::::::::::::::::::::::::::::::::::	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04152008	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Number 36-2099896				<del> </del>	oplied For of Applicable
Zip 	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	legistered	Agent	
CT COBD	ODATION SVSTERA			Name					•	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
	·									
				City				FL	Zip Cod	le
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or re	egistere	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and like if annicable (NOTe	F Registere	d Agent signature	a recurred			DATE		
					o required	wnen reinstaangi		UMIE		
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12. I hereby certify that the information supplied with this filing does not quality 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1 15 08 (773) 695-500C