

2000 UNIFORM BUSINESS REPORT (UBR)

012 112

DOCUMENT # P19351

1. Entity Name
MIDAS PROPERTIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 4:50

Principal Place of Business
225 NORTH MICHIGAN AVENUE
CHICAGO IL 60601

Mailing Address
225 NORTH MICHIGAN AVENUE
ATTN E ROMONOFKY, T/X DEPT
CHICAGO IL 60601
US

2. Principal Place of Business
1300 Arlington Heights Road
Suite, Apt. #, etc.

3. Mailing Address
1300 Arlington Heights Road
Suite, Apt. #, etc.



REINSTATEMENT 06-01

City & State
Itasca, Illinois

City & State
Itasca, Illinois

4. FEI Number
36-2793574

Applied For
Not Applicable

Zip
60143

Country
USA

Zip
60143

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
100004316111--5
-05/24/01--01037--021
City
****900.BL ****900.00

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.

SIGNATURE

Christine M. Eastwine
Assistant Secretary

5/14/01

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

(NOT) Registered Agent signature required when reinstating.

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$550.00
After SEPTEMBER 1, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PROVINCE, WENDEL H 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORENSEN, ROBERT H 225 N MICHIGAN AVE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARCLAY, R. LEE 225 N. MICHIGAN CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, T.E. 225 N. MICHIGAN CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PAPPAS, CHRISTIAN C 225 N MICHIGAN AVE CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Arlington Heights Road Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: WILLIAM GUZIK

630-438-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)