


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 041 ***150.00

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DOCUMENT # P19351							
1. Entity Name MIDAS PROPERTIES, INC.							
Principal Place of Business 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143			Mailing Address 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 36-2793574			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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)				
			City			FL	Zip Code
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	Assistant Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FELDMAN, ALAN D		NAME	Michael Kunstman			
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS	1300 Arlington Heights Rd.			
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP	Itasca, Illinois 60143			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARK, ALVIN K		NAME				
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS				
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUZIK, WILLIAM		NAME				
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS				
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATRE, DAVID O		NAME	Matre, David W			
STREET ADDRESS	1300 ARLINGTON HEIGHTS ROAD		STREET ADDRESS				
CITY-ST-ZIP	ITASCA, IL 60143		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Michael K Kunstman</i>		Michael K Kunstman		2-2-2004	630-438-3055		
		Asst Controller		Date	Daytime Phone #		