


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P19351
 1. Entity Name
 MIDAS PROPERTIES, INC.



Principal Place of Business Mailing Address
 1300 ARLINGTON HEIGHTS ROAD 1300 ARLINGTON HEIGHTS ROAD
 ITASCA, IL 60143 ITASCA, IL 60143

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-2793574 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEOD FELDMAN, ALAN D 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARK, ALVIN K 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUZIK, WILLIAM 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MATRE, DAVID W 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC KUNSTMAN, MICHAEL 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000220365
 02/08/05-80066-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael K Kunstman Date: 1/27/2005 Daytime Phone #: 630-438-3055