

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288814

FILED
Apr 20, 2009
Secretary of State

Entity Name: BAYOU MANAGEMENT CO.

Current Principal Place of Business:

7979 BAYOU CLUB BOULEVARD
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

222 N LASALLE STREET
SUITE 800
CHICAGO, IL 60601 US

New Mailing Address:

FEI Number: 59-1089241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: S () Delete
Name: RUBIN, DAVID M.
Address: 222 N. LASALLE ST #800
City-St-Zip: CHICAGO, IL

Title: VP () Delete
Name: OECHSLE, THERESA O
Address: 3600 THAYER CT SUITE 100
City-St-Zip: AURORA, IL 60504

Title: VD () Delete
Name: NASSAU, RICHARD J.
Address: 222 N. LASALLE ST. 1000
City-St-Zip: CHICAGO, IL 00000,

Title: PD () Delete
Name: CROWN, WILLIAM H.
Address: 222 N. LASALLE ST. 1000
City-St-Zip: CHICAGO, IL 00000,

Title: VD () Delete
Name: GOODMAN, CHARLES H
Address: 222 N. LASALLE ST #2000
City-St-Zip: CHICAGO, IL 00000,

Title: T () Delete
Name: COHEN, MEL
Address: 222 N. LASALLE ST. 1000
City-St-Zip: CHICAGO, IL

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: DAVID M RUBIN

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date