


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 556308</b> 1. Entity Name <b>TASA INCORPORATED</b>	
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Principal Place of Business <b>622 THIRD AVENUE, 38 FLOOR NEW YORK, NY 10017</b>	Mailing Address <b>622 THIRD AVENUE, 38 FLOOR NEW YORK, NY 10017</b>
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**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1809144</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000336797 04/27/05-80142-002 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAIT, JON F 622 THIRD AVE., 38TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOONAM, MARGARETTA 622 THIRD AVE., 38TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PEHLKE, RICHARD W 225 W. WACKER DRIVE, #2100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, LATHAN W 225 W. WACKER DRIVE, #2100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALEY, JOHN J 1717 H STREET NW, 6 FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *[Signature]* 4/12/05 (212) 351-7296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Certified receipt # 7004 1350 0003 6765 6678