


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90008 047 ****61.25

DOCUMENT # 767057	
1. Entity Name CANTERBURY AT THE CROSSINGS, INC.	

Principal Place of Business 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068-4551	Mailing Address 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068-4551
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3041567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324
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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.

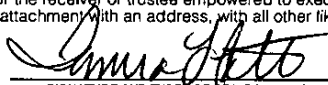
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAGER, MARK TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD DUNCK, SHELLEY L TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD RAHAL, YASMINA TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606

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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)(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 617, 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:  TAMRA L. POTTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 1 2005

Date Daytime Phone #

6145755192