

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90003 018 ***150.00

44000683



DOCUMENT # 800993					
1. Entity Name MIAMI CORPORATION					
Principal Place of Business C/O WALTER S CARR 410 N MICHIGAN AVE CHICAGO, IL 60611		Mailing Address C/O WALTER S CARR 410 N MICHIGAN AVE CHICAGO, IL 60611			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-1472840	
				Applied For <input type="checkbox"/> Not Applicable	
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		
UNDERHILL, EARL M 1625 MAYTOWN RD OSTEEN, FL 32764			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATES, DAVID E.		NAME		
STREET ADDRESS	410 N MICHIGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNAP, CANDIDA D		NAME		
STREET ADDRESS	410 NO MICHIGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 0,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'NEIL, ABBY		NAME		
STREET ADDRESS	410 NO MICHIGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 0,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIELSON, BARBARA S		NAME		
STREET ADDRESS	410 N MICHIGAN AVE, RM 590		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHROEDER, CHARLES E		NAME		
STREET ADDRESS	410 NORTH MICHIGAN AVE, RM-590		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGAN, RICHARD F		NAME		
STREET ADDRESS	410 NORTH MICHIGAN AVE, RM 590		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		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: <u>David E. Mates</u>			1/9/04 (312) 644-6720		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David E. Mates			Date Daytime Phone #		

Attachment

MIAMI CORPORATION

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Additions/changes to Officers and Directors in 10

<u>Names</u>	<u>Title</u>	<u>Street Address</u>
1. McCormick, Brooks	V/D	410 N. Michigan Ave., Chicago, IL 60611
2. Brooker, T. Kimball	D	" "
3. Massey, Richard S.	D	" "
4. McCormick, Charlotte	D	" "
5. Hilary H. McCutcheon	D	" "
6. Seitz III, Charles E.	D	" "
7. Strachan, Richard	D	" "
8. Strachan, Stephen M.	D	" "
9. Tennille, Jocelyn D.	D	" "
10. Trapp, James M.	D	" "
11. Shaw, Andrea	D	" "
12. Rau, John	P/D	" "
13. Long, Christine M.	EVP	" "
14. Carr, Walter S.	V/S	" "
15. Butler, Richard C.	V	" "
16. Friedrichs, Michael R.	V	" "
17. Wogan, Gordon L.	V	" "
18. Gagliardi, Patricia A.	T	" "
19. Danes, Curt M.	AT	" "
20. Goering, Barbra	AS	" "
21. Shiring, Martin	AT	" "
22. Teles, Nancy A	AT/AS	" "