


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 800993</b> 1. Entity Name MIAMI CORPORATION	
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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
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-1472840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  UNDERHILL, EARL M 1625 MAYTOWN RD OSTEEN, FL 32764	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MATES, DAVID E. 410 N MICHIGAN AVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNAP, CANDIDA D 410 NO MICHIGAN AVE CHICAGO, IL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, ABBY 410 NO MICHIGAN AVE CHICAGO, IL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELSON, BARBARA S 410 N MICHIGAN AVE, RM 590 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOGAN, RICHARD F 410 NORTH MICHIGAN AVE, RM 590 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80051-001 150.00

**DO NOT WRITE  
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)(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:** David E. Mates 1/11/05 (312) 644-6720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
David E. Mates