

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800993

FILED
Jan 26, 2011
Secretary of State

Entity Name: MIAMI CORPORATION

Current Principal Place of Business:

C/O WALTER S CARR
410 N MICHIGAN AVE, ROOM 590
CHICAGO, IL 60611 US

New Principal Place of Business:

Current Mailing Address:

C/O WALTER S CARR
410 N MICHIGAN AVE, ROOM 590
CHICAGO, IL 60611 US

New Mailing Address:

FEI Number: 36-1472840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL A
1625 OSTEEN-MAYTOWN RD
OSTEEN, FL 32764 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

OFFICERS AND DIRECTORS:

Title: VP
Name: PATTOCK, SUSAN D
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: BURNAP, CANDIDA D
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO,, IL 60611 US

Title: D
Name: O'NEIL, ABBY
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: DANIELSON, BARBARA S
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO, IL 60611 US

Title: EVP
Name: HOGAN, RICHARD F
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO, IL 60611 US

Title: EVP
Name: LONG, CHRISTINE M
Address: 410 N MICHIGAN AVE, RM 590
City-St-Zip: CHICAGO, IL 60611 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN D. PATTOCK

VP

01/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date