


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90013 006 \*\*\*150.00

**DOCUMENT # 831838**

1. Entity Name  
 NORTRUST REALTY MANAGEMENT, INC.

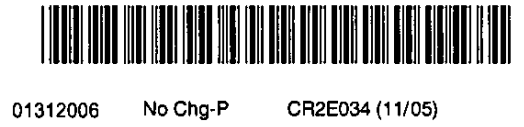


Principal Place of Business  
 C/O CORPORATE TAX, M-11  
 50 S LA SALLE STREET  
 CHICAGO, IL 60675

Mailing Address  
 C/O ROSE ELLIS, M-9  
 50 S LA SALLE STREET  
 CHICAGO, IL 60675 US

40017833

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 36-2788360

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, E. PAUL 50 S. LASALLE ST CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JANOVSKY, BRUCE C 50 S. LASALLE STREET CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTONI, VICTORIA 50 S. LASALLE ST. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LORRAINE A GIBAS 50 S. LASALLE ST CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOVY, KATHLEEN C 50 S LASALLE STREET CHICAGO, IL 60675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bruce C Janovsky Date: 2/9/06 Daytime Phone #: 312-630-6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bruce C Janovsky*