


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90138 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**

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 **36-2788360**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNN, E. PAUL	
STREET ADDRESS	50 S. LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60675	
TITLE	O	<input type="checkbox"/> Delete
NAME	JANOVSKY, BRUCE C	
STREET ADDRESS	50 S. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANTONI, VICTORIA	
STREET ADDRESS	50 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	O	<input type="checkbox"/> Delete
NAME	LORRAINE A GIBAS	
STREET ADDRESS	50 S. LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOVY, KATHLEEN C	
STREET ADDRESS	50 S LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60675	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: **BOVY, KATHLEEN C** **REQUIRED** *Signing officer 3/26/03 312.632.6648*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)