


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 839882 1. Entity Name VJG HOLDINGS, INC.	
--	---

Principal Place of Business 500 W ORANGE BLOSSOM TRL APOPKA, FL 32712 US	Mailing Address 1200 CENTRAL AVE WILMETTE, IL 60091 US
--	--

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2748016	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKES, BYRAM E. 1200 CENTRAL AVE., SUITE 306 WILMETTE, IL 60091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTH, JOHN W 180 DEWINDT RD WINNETKA, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKELFORD, DONALD 21 EAST STATE STREET, SUITE 1400 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, FRANCIS G. 420 W GRAND APT 4-J CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, EDWARD R. 37 INDIAN HILL ROAD WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000179257
01/13/05-80011-005 150.00

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)(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><i>Byram E. Dickes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-10-05 <small>Date</small>	847-920-1673 <small>Daytime Phone #</small>
---	--------------------------------	--