


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91029 021 ***150.00

DOCUMENT # 845882					
1. Entity Name HOUSEHOLD REALTY CORPORATION					
Principal Place of Business 2700 SANDERS ROAD 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 US			Mailing Address 2700 SANDERS ROAD TAX 2SOUTH PROSPECT HEIGHTS, IL 60070 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-6045728	
Zip		Country		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			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DETELICH, TM		NAME		
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	TVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSS, B.B., JR.		NAME		
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HGTS, IL 00000,		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELUCA, M. A.		NAME	VPD	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS	POINTED, F. M	
CITY-ST-ZIP	PROSPECT HGTS, IL 00000,		STREET ADDRESS	2700 Sanders Rd	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		
NAME	BROMELY, N.J		NAME	Prospect HHS, IL 60070	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AINSLIE, M.A.		NAME		
STREET ADDRESS	2700 SANDERS RD.		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELO, J M		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		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 an address, with an other like empowered.					
SIGNATURE: <u>Joseph M. Angelo</u>		Joseph M. Angelo		4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				847.564.5000	