## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 847977**

Entity Name: REALTY SYSTEMS, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O DAVID W. FELL 2 N RIVERSIDEPLAZA 800 CHICAGO, IL 60606 US				2 N RIVERSIDEPLAZA 800 CHICAGO, IL 60606 US			
Current Mailing Address:				New Mailing Address:			
C/O DAVID 2 N RIVERS CHICAGO,	SIDEPLAZA 80			2 N RIVERS CHICAGO,	SIDEPLAZA IL 60606	800 US	
FEI Number:	84-0851461	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certifica	te of Status Desired ( )
Name and	Address of C	ırrent Registered Agent:		Name and	Address of	New Regi	istered Agent:
1201 HAYS TALLAHAS The above	STREET SEE, FL 3230 named entity si	T SOLUTIONS, INC.  1 US  ubmits this statement for the pure.	rpose of	changing its	s registered	office or re	egistered agent, or both,
in the State							
SIGNATUR		c Signature of Registered Agent	t				 Date
Election Cam		(2)(b), F.S., the corporation did not r Trust Fund Contribution(). 'ORS:		·		S TO OFF	ICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	HENEGHAN JR,	/ERSIDE PLAZA 800		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	KELLEHER, ELL	/ERSIDE PLAZA, SUITE 800		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	EVPD ( ) I BERMAN, MICHA TWO N RIVERSI CHICAGO, IL 60	DE PLAZA, #800		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	BUNCE, RON	Delete TREET, SUITE 165 5020		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	AVP () ELLIS, DANIEL 2650 HOLIDAY T			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition
Title: Name: Address: City-St-Zip:	FELL, DAVID W	Delete PLAZA STE #800 1606		Title: Name: Address: City-St-Zip:	VP (X KROOT, KENI 2 N RIVERSID CHICAGO, IL	DE PLAZA S	,

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH A. KROOT VP 05/01/2008