

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 848374**

1. Entity Name  
RS PROPERTIES THREE, INC.



Principal Place of Business  
110 N. WACKER  
CHICAGO, IL 60606 US

Mailing Address  
110 N. WACKER  
CHICAGO, IL 60606 US

**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3073571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	AS SIGAL, HOWARD A 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EISENBERG, MARSHALL E 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BUCKSBAUM, JOHN 110 N. WACKER DR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MICHAELS, ROBERT A 110 N. WACKER DR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT FREINAUM, BERNARD 110 N WACKER DR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000145102  
05/03/04-80053-007 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernard Freibaum*

4-16-04

Date

312-960-5205

Daytime Phone #