


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3073571	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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 GERN, RONALD L. 110 NORTH WACKER DRIVE 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	

**DO NOT WRITE
IN THIS SPACE**

U00000752996
05/22/07-80004-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/24/07 312-960-5000
Date Daytime Phone #