


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 042 ***150.00

DOCUMENT # F00000003224					
1. Entity Name PIERPONT REAL ESTATE COMPANY					
Principal Place of Business 685 ST. CLAIR, #M11-8401 GROSS POINTE, MI 48230			Mailing Address 1 BANK ONE PLAZA, #IL1-0308 CHICAGO, IL 60670		
2. Principal Place of Business		3. Mailing Address 10 South Dearborn			
Suite, Apt. #, etc.		Suite, Apt. #, etc. IL1-0308			
City & State		City & State Chicago IL			
Zip	Country	Zip 60603	Country	4. FEI Number 36-4340023	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSS DVS BROWN, GLENN R 685 ST. CLAIRE AVE., M11-8401 GROSS POINTE, MI 48230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DP LITTLE, BOB S 420 THROCKMORTON, TX1-1315 FORT WORTH, TX 76102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBURG, WALTER C 420 THROCKMORTON, TX1-1315 FORT WORTH, TX 76102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BURGER, CORRINE M 1111 POLARIS PKWY, OH1-1062 COLUMBUS, OH 43240		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIEGEL, JAMES S ONE NORTH DEARBORN ST., IL1-0308 CHICAGO, IL 60602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signer Drozek, Frank J. 10 South Dearborn IL1-0308 Chicago IL 60603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HERNANDEZ, JANET Z 420 WEST VAN BUREN IL1-0199 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Beechum, Gerald A. Jr. 10 South Dearborn IL1-0073 Chicago IL 60603	
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: Frank J. Drozek			312-407-8060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		