

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 029 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000007057		
1. Entity Name AHA FINANCIAL SOLUTIONS, INC.		
Principal Place of Business ONE NORTH FRANKLIN CHICAGO, IL 60606	Mailing Address ONE NORTH FRANKLIN CHICAGO, IL 60606	
DO NOT WRITE IN THIS SPACE		
		04242006 No Chg-P CR2E034 (11/05)
4. FEI Number 36-3076454		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$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		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D BURKE, ANTHONY J ONE NORTH FRANKLIN ST., 30TH FL CHICAGO, IL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANTHONY, PAULA E 1000 S BECKHAM TYLER, TX 75701	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLASER, JOHN P 800 BOYLSTON ST, STE 1150 BOSTON, MA 021998001	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARMON, CHERYL 1400 W PARK STREET URBANA, IL 61801	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JESUELE, NEIL J ONE NORTH FRANKLIN, 29TH FLOOR CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PARKER, JOE 1675 TERRILL MILL RD MARIETTA, GA 30067	
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: 		4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

40096772



**DO NOT WRITE
IN THIS SPACE**

Checks
252633
DT 4/26/06

ATTACHMENT
40096772
#F00000007057

**AHA Solutions, Inc.
Board of Directors
2006**

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