2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002096

Entity Name: UNITED PARKING, INC.

FILED Apr 07, 2008 Secretary of State

Entity Nam	ie. ONITED FA	ARKING, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
200 N. LAS, 14 FLOOR CHICAGO,	ALLE STREET IL 60601						
Current Mailing Address:			New Mailing Address:				
	PITAL REAL ES IESSA DE FINA IL 60601	STATE A, 500 W. MONROE ST.	901 MAIN A	EAL ESTATE AVENUE (, CT 06851			
FEI Number:	65-8141754	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOUT PLANTATIO	DRATION SYST TH PINE ISLANI DN, FL 33324	D ROAD US	irnose of changing it	ts registered of	fice or registered agent, or both	n	
in the State		billits this statement for the pu	irpose or changing in	is registered of	nice of registered agent, or both	1,	
SIGNATUR						_	
		Signature of Registered Ager	nt		Date		
Election Cam	paign Financing 1	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () D PECK, J. MARSH 200 N. LASALLE CHICAGO, IL 600	STREET	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	S () C BEAUCHAMP, ST 200 N. LASALLE CHICAGO, IL 600	STREET	Title: Name: Address: City-St-Zip:	S (X) TURNER, STAC 200 N. LASALLE CHICAGO, IL 60	STREET		
Title: Name: Address: City-St-Zip:	DSVP () D EARLE, DANIEL 600 SUMMER ST STAMFORD, CT		Title: Name: Address: City-St-Zip:	DSVP (X) EARLE, DANIEL 901 MAIN AVEN NORWALK, CT	UE		
Title: Name: Address: City-St-Zip:	D () D PARSONS, JOSE 292 LONG RIDGE STAMFORD, CT	E ROAD	Title: Name: Address: City-St-Zip:	D (X) PARSONS, JOS 901 MAIN AVEN NORWALK, CT	UE		
Title: Name:	AS ()D	velete SA	Title: Name:	AS (X) KNOLLER, AIME	Change () Addition		

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: AIMEE KNOLLER AS 04/07/2008