

2005 AR. 1/82

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 APR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152005 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # F01000002167 1. Entity Name REFCO-PROPERTIES, INC.					
Principal Place of Business 200 W. MADISON 41ST FLOOR CHICAGO, IL 60606			Mailing Address 200 W. MADISON 41ST FLOOR CHICAGO, IL 60606		
2. Principal Place of Business 71 S Wacker Dr. Suite, Apt. #, etc. 14th Floor		3. Mailing Address 71 S Wacker Dr. Suite, Apt. #, etc. 14th Floor		4. FEI Number 36-2932174	
City & State Chicago, IL		City & State Chicago, IL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 60606		Country USA		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P PRITZKER, NICHOLAS J 200 W. MADISON CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700051553807	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HANDELSMAN, HAROLD S 200 W. MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD Harold Handelsman 71 S Wacker Dr., 14th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GEOGA, DOUGLAS 200 W. MADISON CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P-D Douglas Geoga 71 S Wacker Dr., 14th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ROSE, KIRK 200 W. MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT Kirk Rose 71 S Wacker Dr., 14th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLOOM, BARRY 200 W. MADISON CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAKI, CHRISTINE 200 W. MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Christine Maki 71 S Wacker Dr., 14th Floor Chicago, IL 60606	
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: <i>Kirk Rose VP</i> 4/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 326679 4322610

AUTHORIZATION :

Patricia Pappas

COST LIMIT : \$ 150.00

ORDER DATE : April 20, 2005

ORDER TIME : 11:23 AM

ORDER NO. : 326679-055

CUSTOMER NO: 4322610

CUSTOMER: Laura Geis
Hyatt Hotels Corporation
14th Floor
71 S. Wacker Drive
Chicago, IL 60606

ANNUAL REPORT FILING

NAME: REFCO-PROPERTIES, INC.

05 APR 21 11:33
CHICAGO, ILLINOIS
FEDERAL RESERVE BANK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____