
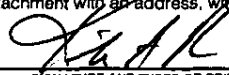


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90320 041 ***150.00

DOCUMENT # F01000002169			
1. Entity Name HT-ARUBA, 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 200 W. Madison		3. Mailing Address 200 W. Madison	
Suite, Apt. #, etc. 41st Floor		Suite, Apt. #, etc. 41st Floor	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606		Zip 60606	
Country USA		Country USA	
4. FEI Number 36-3456158		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 32301-2525		7. Name and Address of New Registered Agent Name: N/A 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: D NAME: PRITZKER, THOMAS J STREET ADDRESS: 200 W. MADISON CITY-ST-ZIP: CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Douglas Geoga STREET ADDRESS: 200 W. Madison CITY-ST-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VSD NAME: HANDELSMAN, HAROLD S STREET ADDRESS: 200 W. MADISON CITY-ST-ZIP: CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE: VTD NAME: Kirk A. Rose STREET ADDRESS: 200 W. Madison CITY-ST-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VTD NAME: MILLER, SCOTT STREET ADDRESS: 200 W. MADISON CITY-ST-ZIP: CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: Christine Maki STREET ADDRESS: 200 W. Madison CITY-ST-ZIP: Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: PRITZKER, NICHOLAS J STREET ADDRESS: 200 W. MADISON CITY-ST-ZIP: CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: BORG, FRANK STREET ADDRESS: 200 W. MADISON CITY-ST-ZIP: CHICAGO, IL 60606	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/29/04 Daytime Phone #: 312-750-1234	
Kirk A. Rose VP & Treasurer			