2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2007 8:00 am Secretary of State DOCUMENT # F01000003284 05-04-2007 90079 045 ***150 00 ITW MORTGAGE INVESTMENTS III, INC. Mailing Address Principal Place of Business 40102600 3600 WEST LAKE AVENUE **3600 WEST LAKE AVENUE** GLENVIEW, IL 60025 GLENVIEW, IL 60025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 36-4118586 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Change ☐ Addition TITLE TITLE Delete CROLL, MARK W NAME 3600 WEST LAKE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GLENVIEW NAS, IL 60026 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SUTHERLAND, ALLAN C NAME STREET ADDRESS 3600 WEST LAKE AVENUE STREET ADDRESS CITY-ST-ZIP GLENVIEW NAS, IL 60026 CITY-ST-ZIP ☐ Change ■ Addition VTD TITLE ☐ Delete TITLE RODRIGUEZ, FELIX L JR. NAME NAME STREET ADDRESS 3600 WEST LAKE AVENUE STREET ADDRESS CITY-ST-ZIP CITY - ST- 7/P GLENVIEW NAS, IL 60026 ☑ Change ☐ Addition TITLE ☐ Delete TITLE James H. WOOTEN WOOKER, JAMES H NAME NAME STREET ADDRESS STREET ADDRESS 3600 W. LAKE AVE CITY-ST-ZIP CITY-ST-ZIP GLENVIEW NAS, IL 60026 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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