


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004610</b> 1. Entity Name <b>LOCKUP DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>800 FRONTAGE ROAD NORTHFIELD, IL 60093</b>	Mailing Address <b>800 FRONTAGE ROAD NORTHFIELD, IL 60093</b>
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3326994</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOUDAN, ROBERT A 110 SHERIDAN ROAD WINNETKA, IL 60093	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMPLE, CHARLES F 50 QUAIL LANE HYANNIS PORT, MA 02647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMPLE, CHARLES W 706 COUNTRY LANE GLENCOE, IL 60022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUDAN, ROBERT A JR. 1120 SKOKIE RIDGE DRIVE GLENCOE, IL 60022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIELSCHER, RICHARD B 1468 SCOTT AVE WINNETKA, IL 60093	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GAIL, SANFORD R 7921 LYONS MORTON GROVE, IL 60053	

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Robert A. Soudan, Jr</b> 1-10-05 <small>Date</small>	<b>847-441-7760</b> <small>Daytime Phone #</small>