


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State


05-03-2006 90202 014 ***150.00

DOCUMENT # F02000001180	
1. Entity Name PRGP CORP.	

Principal Place of Business 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606	Mailing Address 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606
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2. Principal Place of Business 71 South Wacker Drive	3. Mailing Address 71 South Wacker Drive
Suite, Apt. #, etc. 47th Floor	Suite, Apt. #, etc. 47th Floor
City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60606	Country USA

400000100



04132006 Chg-P CR2E034 (11/05)

4. FEI Number 36-4472983	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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRITZKER, PENNY 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 South Wacker Drive, 47th Floor Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POORMAN, JOHN K 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 South Wacker Drive, 47th Floor Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COHEN, ROBBIN 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 South Wacker Drive, 47th Floor Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, KEVIN D 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 South Wacker Drive, 47th Floor Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLELAND, JENNIFER K 200 WEST MADISON STREET / 37TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 71 South Wacker Drive, 47th Floor Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/12/06** **312-873-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Kevin Poorman, Vice President

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

F02000001180

COPY

DOCUMENT # F02000001180 1. Entity Name PRGP CORP.		<div style="text-align: right; font-size: 2em; font-weight: bold;">40080763</div> <div style="background-color: black; width: 200px; height: 30px; margin: 10px auto;"></div>	
Principal Place of Business 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606		Mailing Address 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606	
2. Principal Place of Business 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor City & State Chicago, Illinois Zip 60606 Country USA		3. Mailing Address 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor City & State Chicago, Illinois Zip 60606 Country USA	
		04102006 Chg-P CR2E034 (11/05)	
		4. FEI Number 36-4472983	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD PRITZKER, PENNY	TITLE	President & Chief Executive Officer Penny Pritzker
NAME		NAME	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FLOOR	STREET ADDRESS	71 South Wacker Drive, 47th Floor
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, Illinois 60606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD POORMAN, JOHN K	TITLE	Vice President John Kevin Poorman
NAME		NAME	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FLOOR	STREET ADDRESS	71 South Wacker Drive, 47th Floor
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, Illinois 60606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD COHEN, ROBBIN	TITLE	Vice President Robbin Cohen
NAME		NAME	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FLOOR	STREET ADDRESS	71 South Wacker Drive, 47th Floor
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, Illinois 60606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V LYNCH, KEVIN D	TITLE	Vice President Kevin Lynch
NAME		NAME	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FLOOR	STREET ADDRESS	71 South Wacker Drive, 47th Floor
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, Illinois 60606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT CLELAND, JENNIFER K	TITLE	Assistant Treasurer Jennifer Cleland
NAME		NAME	
STREET ADDRESS	200 W MADISON ST., 35TH FLOOR	STREET ADDRESS	71 South Wacker Drive, 47th Floor
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, Illinois 60606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: John Kevin Poorman, Vice President 4.10.06 312-873-4444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			