2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # F02000001819 04 JAN 25 AM 9:52 1. Entity Name ERROL R. HALPERIN, P.C. SECRETARY OF STATE TALLAFASSEE, FLORIDA Principal Place of Business Mailing Address 203 N. LASALLE STREET 203 N. LASALLE STREET CHICAGO, IL 60601 CHICAGO, IL 60601 No Chg-P 01162004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3170806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L DO NOT WRITE C/O PIPER MARBURY RUDNICK & WOLFE LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000 IN THIS SPACE TAMPA, FL 33602 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. -TITLE HALPERIN, ERROL R NAME STREET ADDRESS 203 N. LASALLE STREET CITY-ST-ZIP CHICAGO, IL 60601 TITLE 700027629077 01/26/04--01097--017 **150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 empoyered 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.

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR