2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90303 002 ***150.00

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1. Entity Name
CLASSIC DEVELOPMENT GROUP, INC.

50042447

Principal Place of Business	Mailing Address
200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
71 S. Wacker Drive	71 S. Wacker Drive
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Chicago, IL	City & State Chicago, IL
Zip / Country 60606 / USA	Zip / Country 60606 / USA

4. FEI Number
36-3572949
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PRITZKER, PENNY 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDSON, RANDAL 71 SOUTH WACKER DRIVE, SUITE 900	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD POORMAN, JOHN K 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	71 SOUTH WACKER DRIVE, SUITE 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRITZKER, NICHOLAS J 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	71 SOUTH WACKER DRIVE, SUITE 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SMITH, GARY 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	71 SOUTH WACKER DRIVE, SUITE 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PHILLIPS, MATTHEW K 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	71 SOUTH WACKER DRIVE, SUITE 900	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAKI, CHRISTINE 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS FIELDS, STEPHANIE 71 SOUTH WACKER DRIVE, SUITE 900 CHICAGO, IL 60606	☐ Change ☒ 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: _____ Stephanie Fields 4/5/05 (312) 803-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #