


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90088 033 ***150.00

DOCUMENT # F03000002434	
1. Entity Name OBA MIDWEST, LTD. INC.	

Principal Place of Business 8160 S. CASS AVE. DARIEN IL 60561	Mailing Address C/O MELVIN J. FEIN 1155 S. WASHINGTON ST., STE. 204 NAPERVILLE IL 60540
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2. Principal Place of Business 1000 Burr Ridge Parkway	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Ste. 200	Suite, Apt. #, etc.
City & State Burr Ridge, Illinois	City & State
Zip 60527	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 36-3170149	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP OTSTOTT, THOMAS M JR 8160 S. CASS AVE. DARIEN IL 60561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Hawkins 1000 Burr Ridge Parkway, Ste. 200 Burr Ridge, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTSTOTT, THOMAS M JR 8160 S. CASS AVE. DARIEN IL 60561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO 1000 Burr Ridge Parkway, Ste. 200 Burr Ridge, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAMPSON, DIANE 8160 S. CASS AVE. DARIEN IL 60561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 1000 Burr Ridge Parkway, Ste. 200 Burr Ridge, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Diane Sampson* **Diane Sampson** **4/25/05** **630-789-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #