2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# F03000002560

Entity Name: KNIGHT FACILITIES MANAGEMENT, INC.

Current Principal Place of Business:

549 WEST RANDOLPH STREET, SUITE 701
CHICAGO, IL 60661

New Principal Place of Business:

Current Mailing Address:

549 WEST RANDOLPH STREET, SUITE 701
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 36-3706416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	DAVIS, DEFOREST P	
Address:	439 N. CANAL	
City-St-Zip:	CHICAGO, IL 60610	
Title:	D	( ) Delete
Name:	MITCHELL, STEPHEN C	
Address:	121 W. DELAWARE	
City-St-Zip:	CHICAGO, IL 60661	
Title:	PCEO	( ) Delete
Name:	TREZEK, THOMAS J	
Address:	P.O. BOX 6214	
City-St-Zip:	SAGINAW, MI 48608	
Title:	T	( ) Delete
Name:	ARGYLE, DENNIS J	
Address:	7803 TEABERRY DR.	
City-St-Zip:	FREELAND, MI 48623	
Title:	S	( ) Delete
Name:	FRASER, MARGARET A	
Address:	476 RAINTREE COURT	
City-St-Zip:	GLEN ELLYN, IL 60137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. FRASER S 01/22/2008

Electronic Signature of Signing Officer or Director — Date