

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 049 ***150.00

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1. Entity Name
INTERIOR ALTERATIONS, INC.



Principal Place of Business
318 WEST ADAMS STREET
CHICAGO, IL 60606

Mailing Address
C/O HOWARD G. KAPLAN
180 NORTH LASALLE STREET, SUITE 2505
CHICAGO, IL 60601

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2906684
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MATTINGLY, NANCY
318 WEST ADAMS STREET
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GROGAN, WILLIAM
318 WEST ADAMS STREET
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCKENNA, ROBERT D
318 WEST ADAMS ST.
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Nancy Mattingly NANCY MATTINGLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2006 (312)454-1599
Date Daytime Phone #