


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002371 1. Entity Name BUILDERS BANK	
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Principal Place of Business 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601	Mailing Address 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4167056	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, CHARLES 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FACK, RONALD 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EBBESEN, JEFFREY 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SAYWITZ, MITHCELL 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, PAUL 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, BEN 77 W. WACKER DRIVE, SUITE 3100 CHICAGO, IL 60601

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05/15/06-80010-009 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #