2005 FOR PROFIT CORPORATION

Mar 08, 2005 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # FÖ4000003787 1. Entity Name HELEN R. FRIEDLI, P.C. Principal Place of Business Mailing Address 227 WEST MONROE STREET 227 WEST MONROE STREET CHICAO, IL 60606-5096 CHICAO, IL 60606-5096 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 36-3745439 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COELMAN, IRA J DO NOT WRITE 201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI, FL 33131-4336 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000255700 03/08/05-80024-011 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CPST TITLE FRIEDLI, HELEN R NAME STREET ADDRESS 227 WEST MONROE STREET CITY-ST-ZIP CHICAO, IL 606065096 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this tilling 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 cath, 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:

CITY-51-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED