


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003830		
1. Entity Name JOHN A. BIEK, P.C.		
Principal Place of Business 227 WEST MONROE STREET CHICAGO, IL 60606-5096		Mailing Address 227 WEST MONROE STREET CHICAGO, IL 60606-5096
DO NOT WRITE IN THIS SPACE		
		<div style="text-align:right">01182006 No Chg-P CR2E034 (11/05)</div> <div style="display:flex; justify-content:space-between;"><div>4. FEI Number 36-4057511</div><div>Applied For Not Applicable</div></div> <div style="display:flex; justify-content:space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
5. Name and Address of Current Registered Agent COLEMAN, IRA J 201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI, FL 33131-4336		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		<div style="text-align:right">11011001446157 03/08/06 80001-019 150.00</div> <div style="text-align:center; height:100px; vertical-align:middle;">DO NOT WRITE IN THIS SPACE</div>
TITLE	CPST	
NAME	BIEK, JOHN A	
STREET ADDRESS	227 WEST MONROE STREET	
CITY- ST- ZIP	CHICAGO, IL 606065096	
TITLE		
NAME		
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CITY- ST- ZIP		
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CITY- ST- ZIP		
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: <u>John A. Biek</u>		Date <u>1/25/06</u> Daytime Phone # <u>(312) 984-7788</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>