


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004139 1. Entity Name MICHAEL LEWIS COMPANY SOUTH	
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Principal Place of Business 201 MITTEL DRIVE WOOD DALE, IL 60191	Mailing Address 201 MITTEL DRIVE WOOD DALE, IL 60191
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-0905140	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 NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000272584 03/22/05-20011-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD SIMON, MICHAEL 201 MITTEL DRIVE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, RUTH 201 MITTEL DRIVE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS EPSTEIN, IRA 201 MITTEL DRIVE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SIMON, ERNEST 201 MITTEL DRIVE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SIMON, CRAIG 201 MITTEL DRIVE WOOD DALE, IL 60191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD ROSEN, SHELDON 201 MITTEL DRIVE WOOD DALE, IL 60191

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: *SHELDON C. ROSEN* **UP** **4/31/05** **630-350-1060**

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