## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empower

## 04-09-2007 90080 033 \*\*\*150.00 DOCUMENT # F05000000205 1. Entity Name STRÁTEGIC REAL ESTATE SERVICES CORP. Mailing Address Principal Place of Business 40054392 TWO NORTH PLAZA SUITE 320 TWO NORTH PLAZA SUITE 320 NORTHFIELD, IL 60093 NORTHFIELD, IL 60093 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 400 SKOKIE BLUD 400 SKOKIE BLVO Suite, Apt. #, etc Suite, Apt. #, etc. 04052007 CR2E034 (12/06) Chg-P SUITE 4. FEI Number Applied For NORTHBROOK, IL JORTH 36-4386292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINTEL, MARK Street Address (P.O. Box Number is Not Acceptable) 11417 OHANU BOYNTON BEACH, FL 33437 City Zip Code 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. Lam familiar with, and accept the obligations of re SIGNATURE Signature, typed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change LEONARD, STEPHONM PER 825 LEONARD, STEPHEN M NAME NAME TWO NORTHFIELD PLAZA SUITE 320 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHFIELD, IL 60093 CITY-ST-ZIP NORTHBROOK, IL TITLE □ Delete TITI F Change ☐ Addition LEGAMAD, DEDUA F. NAME LEONARD, DEENA NAME 400 SKOKIE BEND, STE 825 STREET ADDRESS TWO NORTHFIELD PLAZA SUITE 320 STREET ADDRESS CITY-ST-ZIP NORTHFIELD, IL 60093 CITY-ST-7IP NORTHBROOK, IL 6006L TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it 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

**FILED** Apr 09, 2007 8:00 am

Secretary of State