

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90014 001 ***158.75

DOCUMENT # F05000001022	
1. Entity Name CONDOMINIUM RENTAL SERVICES, INC.	

Principal Place of Business 1030 N CLARK STREET STE 300 CHICAGO, IL 60610	Mailing Address 1030 N CLARK STREET STE 300 CHICAGO, IL 60610
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOULETAS, STEVEN E 1030 N CLARK STREET STE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISH, MICHAEL A 1030 N CLARK STREET STE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDDETTO, ANTHONY R 1030 N CLARK STREET STE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES 1030 N CLARK STREET STE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Bethany R. L. Smith, Secretary* Date: 1-31-08 Daytime Phone #: 312-595-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR