



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90196 010 \*\*\*150.00

DOCUMENT # F05000003619						
<b>1. Entity Name</b> WATERTON DEER CHASE, INC.						
<b>Principal Place of Business</b> ONE N. FRANKLIN STREET, SUITE 1150 CHICAGO, IL 60606			<b>Mailing Address</b> ONE N. FRANKLIN STREET, SUITE 1150 CHICAGO, IL 60606			
<b>2. Principal Place of Business - No P.O. Box #</b> 30 S. WACKER DRIVE		<b>3. Mailing Address</b> 30 S. WACKER DRIVE				
Suite, Apt. #, etc. 3600		Suite, Apt. #, etc. 3600				
City & State CHICAGO IL		City & State CHICAGO IL				
Zip 60606		Zip 60606				
Country USA		Country USA		04232007    Chg-P    CR2E034 (12/06)		
<b>4. FEI Number</b> 20-2475688				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>			
Name Street Address (P.O. Box Number is Not Acceptable) City			Name Street Address (P.O. Box Number is Not Acceptable) City			
			State FL			
			Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD VILIM, PETER M <del>ONE N. FRANKLIN STREET, SUITE 1150</del> CHICAGO, IL 60606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 S. WACKER DRIVE SUITE 3600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHWARTZ, DAVID R <del>ONE N. FRANKLIN STREET, SUITE 1150</del> CHICAGO, IL 60606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 S. WACKER DRIVE SUITE 3600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> _____				Date: 4/27/07    Daytime Phone #: (312) 948-4500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						