2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 26, 2008 8:00 am
Secretary of State

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1. Entity Name
IGGYS HOUSE BROKERAGE SERVICES, INC.

Principal Place of Business	Mailing Address
205 N. MICHIGAN AVENUE 4400 CHICAGO, IL 60601	205 N. MICHIGAN AVENUE 4400 CHICAGO, IL 60601

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
One South Wacker Drive	One South Wacker Drive
Suite, Apt. #, etc.: Suite 1900	Suite, Apt. #, etc.: Suite 1900
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 606606 Country: U.S.A.	Zip: 606606 Country: U.S.A

4. FEI Number: 20-2693416 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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. I am familiar with, and accept the obligations of registered agent.

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE	Vice President, Secretary	☑ Change ☐ Addition
NAME	FOX, YITZHOK		NAME	Fox, Yitzhok	
STREET ADDRESS	702 N 129TH ST, SUITE 116		STREET ADDRESS	702 N. 129th Street, Suite 116	
CITY-ST-ZIP	OMAHA, NE 68154		CITY-ST-ZIP	Omaha, NE 68154	
TITLE	VS	☑ Delete	TITLE	Director	☐ Change ☑ Addition
NAME	OTIS, STEPHEN		NAME	Barr, Joseph	
STREET ADDRESS	702 N 129TH ST, SUITE 116		STREET ADDRESS	one South Wacker Drive, Suite 1900	
CITY-ST-ZIP	OMAHA, NE 68154		CITY-ST-ZIP	Chicago, IL 606606	
TITLE	PDAS	☑ Delete	TITLE	Pres, CEO, CFO, Tres, Asst.Secy	☐ Change ☑ Addition
NAME	BLUMOFE, ARI		NAME	Fox, Joseph	
STREET ADDRESS	205 N. MICHIGAN AVENUE SUITE 4400		STREET ADDRESS	one South Wacker Drive, Suite 1900	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	Chicago, IL 606606	
TITLE	V	☐ Delete	TITLE	Vice President	☑ Change ☐ Addition
NAME	MONTGOMERY, AUDREY C V		NAME	Montgomery, Audrey	
STREET ADDRESS	205 N. MICHIGAN AVENUE SUITE 4400		STREET ADDRESS	one South Wacker Drive, Suite 1900	
CITY-ST-ZIP	CHICAGO, IL 60601		CITY-ST-ZIP	Chicago, IL 606606	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KATZ, JOSHUA D		NAME		
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Vice President	☐ Change ☑ Addition
NAME			NAME	Gavin, Louis	
STREET ADDRESS			STREET ADDRESS	708 Ranier Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Round Rock, TX 78664	

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: _____ 3/21/08 372-932-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #