

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90030 005 ***150.00

DOCUMENT # F05000005186	
1. Entity Name IGGYS HOUSE BROKERAGE SERVICES, INC.	

Principal Place of Business 205 N. MICHIGAN AVENUE 4400 CHICAGO, IL 60601	Mailing Address 205 N. MICHIGAN AVENUE 4400 CHICAGO, IL 60601
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50001957



2. Principal Place of Business - No P.O. Box # One South Wacker Drive Suite, Apt. #, etc. Suite 1900 City & State Chicago, IL Zip 60606 Country U.S.A.	3. Mailing Address One South Wacker Drive Suite, Apt. #, etc. Suite 1900 City & State Chicago, IL Zip 60606 Country U.S.A.
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03202008 Chg-P CR2E034 (12/06)

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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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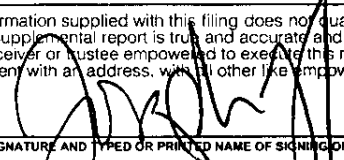
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOX, YITZHOK 702 N 129TH ST, SUITE 116 OMAHA, NE 68154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary Fox, Yitzhok 702 N 129th Street, Suite 116 Omaha, NE 68154 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OTIS, STEPHEN 702 N 129TH ST, SUITE 116 OMAHA, NE 68154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barr, Joseph One South Wacker Drive, Suite 1900 Chicago, IL 60606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS BLUMOF, ARI 205 N. MICHIGAN AVENUE SUITE 4400 CHICAGO, IL 60601 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, CEO, CFO, Tres, Asst. Secy Fox, Joseph One South Wacker Drive, Suite 1900 Chicago, IL 60606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, AUDREY C V 205 N. MICHIGAN AVENUE SUITE 4400 CHICAGO, IL 60601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Montgomery, Audrey One South Wacker Drive, Suite 1900 Chicago, IL 60606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZ, JOSHUA D 501 BRICKELL KEY DRIVE SUITE 205 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gravin, Louis 708 Ranier Lane Round Rock, TX 78664 ☐ Change ☒ Addition

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:  **3/21/08 332-932-1111**

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