


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90221 001 \*\*\*600.00

<b>DOCUMENT # F90358</b>			
1. Entity Name H I VENTURE FOUR, INC.		Principal Place of Business 2700 SANDERS ROAD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2700 SANDERS ROAD ATTN: TAX DEPT 2-S PROSPECT HEIGHTS, IL 60070 US	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANLEY, T.P. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <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	VP PALAYCO, F.M. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition F.M. PALAYCO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>MOSS, B. B. JR.</del> 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TC R.J. MOORE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>KLUG, L.C.</del> 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DVP W.H. KESLER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANCONA, E.D. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <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	AS ANGELO, J M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joseph M. Angelo</i>		Date: <i>4/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>847.514.5000</i>	