

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F92000000414 1. Entity Name CODEVCO REAL ESTATE COMPANY, INC.	
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Principal Place of Business 303 W. MADISON STREET 1300 CHICAGO, IL 60606	Mailing Address 303 W. MADISON STREET 1300 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3031668	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, MAURICE M
2021 TYLER STREET
HOLLYWOOD, FL 33022

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMATTEO, JAMES S. 303 W. MADISON STREET - SUITE 1300 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NOVICK, IVAN S 303 W. MADISON STREET - SUITE 1300 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMATTEO, JAMES S. 303 W. MADISON STREET - SUITE 1300 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DIMATTEO, JAMES S 303 W. MADISON STREET - SUITE 1300 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000374189
07/22/05-80011-020 150.00

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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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/18/05 312-384-8113 Daytime Phone #