


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F92000000867	
1. Entity Name LUNT REALTY AND INVESTMENT CORPORATION	

Principal Place of Business 6900 MCCORMICK BLVD. LINCOLNWOOD IL 60645	Mailing Address 6900 MCCORMICK BLVD. LINCOLNWOOD IL 60645
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 36-6063787	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE FL 32301

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	SCHILLER, CAROLINE G
STREET ADDRESS	6900 MCCORMICK BOULEVARD
CITY - ST - ZIP	LINCOLNWOOD IL 60712
<input type="checkbox"/> Delete	
TITLE	NAME
VS	GROSSINGER, GARY
STREET ADDRESS	6900 MCCORMICK BOULEVARD
CITY - ST - ZIP	LINCOLNWOOD IL 60712
<input type="checkbox"/> Delete	
TITLE	NAME
T	MORGENSTERN, STEVEN
STREET ADDRESS	6900 MCCORMICK BOULEVARD
CITY - ST - ZIP	LINCOLNWOOD IL 60712
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change	<input type="checkbox"/> Addition
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"/> 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)(f), 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 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

1-2505
Date Daytime Phone #