2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F93000005398



FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 028 ****70.00

NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TITLE CFO NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP THOMPSON, EVAN 225 N. MICHIGAN AVE., 17TH FLOOR CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COLEMAN, LAUREL 225 N. MICHIGAN AVE., 17TH FLOOR CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601	1. Entity Nan	ne //ER'S DI	SEASE AND RELA NC.	TED DI	SORDERS									
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Cay & Sizile	2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mail	ing Address									
Country Zip	Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03282008	Chg-NP		CR2E	37 (12/06))
S. Certificate of Status Desired W Fee Required	City & State			Cit	City & State								1	
Name Street Address (P.O. Box Number is Not Acceptable)	Žip	Zip Country		Zip	Zip Co		ntry	Certificate of Status Desired			ired	\$8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registere	d Agent —			7. Name and	Address of I	New Re	gistered	Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Filing Fee is 661.25 Policy Project Fund Controlled Project Fund Contro	11380 PR #221E	OSPERIT	Y FARM ROAD	INC.				Address (P.O. Box Numbe	er is Not Acce	ptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am 'amiliar with, and accept the obligations of registered agent. SIGNATURE STRIPP STRI	T ALM BEA	7,011,07,11	5 .				City					FI	Zip Co	ode
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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 617, 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

3/29/08

(312) 335-8700

Daytime Phone #