

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001503

FILED
Jan 04, 2005
Secretary of State

Entity Name: CONSTELLATION APARTMENTS, INC.

Current Principal Place of Business:

15 W. COLLEGE DR.
ARLINGTON HTS, IL 60004

New Principal Place of Business:

Current Mailing Address:

15 W. COLLEGE DR.
ARLINGTON HTS, IL 60004

New Mailing Address:

FEI Number: 36-2468250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESHEN, NELSON C ESQ
9130 S DADELAND BLVD STE 1511
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELLARS, CAROLYN
Address: 15 W. COLLEGE DR.
City-St-Zip: ARLINGTON HTS., IL 60004

Title: D () Delete
Name: RICHARD FELLARS,
Address: 6526 SPRING BROOK RD #109
City-St-Zip: ROCKFORD, IL 61114

Title: D () Delete
Name: LOUDON, RHEA
Address: 1719 STUART
City-St-Zip: BERKELEY, CA 94703

Title: V () Delete
Name: CARLSON, JOHN
Address: BOX 2214 RFD
City-St-Zip: LONG GROVE, IL 60047

Title: S () Delete
Name: FELLARS, ROY A
Address: 901 GLENDALE ROAD
City-St-Zip: GLENVIEW, IL 60025

Title: T () Delete
Name: FELLARS, REED
Address: 318 WILLOW
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FELLARS, ROY A
Address: 15 W. COLLEGE DR.
City-St-Zip: ARLINGTON HTS., IL 60004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CARLSON, JOHN
Address: BOX 2214 RFD
City-St-Zip: LONG GROVE, IL 60047

Title: D (X) Change () Addition
Name: FELLARS, CAROLYN
Address: 15 W COLLEGE DR
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY A FELLARS

S

01/04/2005

Electronic Signature of Signing Officer or Director

Date