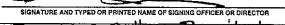
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # F9400005199 IDM PROPERTIES, INC. Principal Place of Business Mailing Address 17100 S. HALSTED ST. 17100 S. HALSTED ST. HARVEY, IL 60426 HARVEY, IL 60426 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3978224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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... Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 02/23/04-80053-005 150.00 TITLE PD GILLEY, DENNIS C NAME STREET ADDRESS 17100 S. HALSTED ST. CITY-ST-ZIP HARVEY, IL 60426 TITLE NAME GILLEY, JOHN R STREET ADDRESS 17100 S. HALSTED ST. CITY-ST-ZIP HARVEY, IL 60426 TITLE CARLSTEAD, THOMAS C NAME 17100 S. HALSTED ST. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HARVEY, IL 60426 TITLE IN THIS SPACE CARLSTEAD, H. CHRIS J NAME STREET ADDRESS 17100 S. HALSTED ST. CITY-ST-ZIP HARVEY, IL TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED