

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005199

1. Entity Name
IDM PROPERTIES, INC.



Principal Place of Business
**17100 S. HALSTED ST.
HARVEY, IL 60426**

Mailing Address
**17100 S. HALSTED ST.
HARVEY, IL 60426**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3978224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000060763

02/23/04-80053-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILLEY, DENNIS C
STREET ADDRESS	17100 S. HALSTED ST.
CITY-ST-ZIP	HARVEY, IL 60426
TITLE	TD
NAME	GILLEY, JOHN R
STREET ADDRESS	17100 S. HALSTED ST.
CITY-ST-ZIP	HARVEY, IL 60426
TITLE	SD
NAME	CARLSTEAD, THOMAS C
STREET ADDRESS	17100 S. HALSTED ST.
CITY-ST-ZIP	HARVEY, IL 60426
TITLE	D
NAME	CARLSTEAD, H. CHRIS J
STREET ADDRESS	17100 S. HALSTED ST.
CITY-ST-ZIP	HARVEY, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/15/04

Date

708-933-3120

Daytime Phone #

Dennis C Gilley President