


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000005216 1. Entity Name CARDINAL REALTY COMPANY OF OHIO	
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Principal Place of Business 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068	Mailing Address 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1262096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000091044 03/17/04-80044-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FOX, LESLIE R TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POTTS, TAMRA L 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASO DUWE, YASMINA TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
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: *Tamra Potts* VP 2/16/04 614-575 5792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #