

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F95000004429

1. Entity Name  
CMD REIM II, INC.



Principal Place of Business  
303 W MADISON STREET  
SUITE 1900  
CHICAGO, IL 60606

Mailing Address  
303 W MADISON STREET  
SUITE 1900  
CHICAGO, IL 60606



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4019393

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2046

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WOOD PRINCE, WILLIAM N  
STREET ADDRESS 303 W MADISON STE 1900  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VPD  
NAME HIGHLEY, RANDALL M  
STREET ADDRESS 303 W MADISON STE 1900  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE S  
NAME RICHARDSON, SARAH A  
STREET ADDRESS 303 W MADISON STE 1900  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE D  
NAME PRINCE, FREDERICK H  
STREET ADDRESS 816 CONNECTICUT AVE NW  
CITY-ST-ZIP WASHINGTON, DC 20006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000648806  
03/07/07-80024-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-11-07

Date

312-419-9500

Daytime Phone #