DOCUMENT # F95000006295

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90040 023 ***150.00

CMD PROPERTIES, INC.												
Principal Place of Business 227 WEST MONROE ST., STE. 3900 CHICAGO, IL 60606			Mailing Address 227 WEST MONROE ST., STE. 3900 CHICAGO, IL 60606				94058578					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122004	Chg-P	CR2E034	4 (10/03)		
City & State			City & State				4. FEI Number			Ap	plied For	
Zip	Country Zip Co			Cour	ntry		36-4071680 Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
	6. Name and Address of Cur	rrent Register	legistered Agent —			7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Name Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301												
					City		FL Zip Code					
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 \$5.00 May Be Added to Fees Trust Fund Contribution.												
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11	
TITLE	DP Delete TI									Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP					ME EET ADDRESS Y-ST-ZIP							
TITLE	D Delete TITLE									Change	☐ Addition	
NAME STREET ADDRESS	SCHALLER, RICHARD G NA 227 WEST MONROE ST., STE. 3900 STI											
CITY-ST-ZIP	CHICAGO, IL 60606											
TITLE	DVS Delete TITLE									☐ Change	☐ Addition	
NAME STREET ADDRESS	SELIG, RANDAL J 227 WEST MONROE ST., STE. 3900				HEET ADDRESS	. <u>-</u>	٠		ا عند		<u></u> .	
CITY - ST - ZIP	CHICAGO, IL 60606									-		
TITLE NAME	V Delete TITL ALDRIDGE, ALLEN D					V AT DE	RIDGE, AL	LEN D	,]	Change	Addition	
STREET ADDRESS	2100 RIVEREDGE PARKWAY SUITE 450 STR				REET AODRESS		00 RIVEREDGE PARKWAY, STE 500					
CITY-ST-ZIP	ATLANTA, GA 30328 CITY VT Delete TITL				Y-ST-ZIP LE	ATI.A	NTA, GA	30328		Change	Addition	
NAME	ZWIEG, HUGH K	ZWIEG, HUGH K									,,uaniiioii	
STREET ADDRESS CITY-ST-ZIP					REET ADORESS Y-ST-ZIP							
TITLE			☐ Delete	TH						☐ Change	Addition	
NAME STREET ADDRESS			Λ	NAI STE	ME REET ADDRESS							
CITY-ST-ZIP			\setminus //	CIT	Y-ST-ZIP			,	<u> </u>	,	- T 17 d	
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 actingte 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 because 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 gither the empowered.												
Donald J. Solio, 4/13/04, (313) 726 3131												
SIGNATURE: Kaildal J. Sellg 4/13/04 (312) /20-3121												