

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90040 023 ***150.00

DOCUMENT # F95000006295



1. Entity Name
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 (10/03)

City & State

City & State

4. FEI Number
36-4071680

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **ELLENBOGEN, STEVEN W**
 STREET ADDRESS **227 WEST MONROE ST., STE. 3900**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHALLER, RICHARD G**
 STREET ADDRESS **227 WEST MONROE ST., STE. 3900**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** Delete
 NAME **SELIG, RANDAL J**
 STREET ADDRESS **227 WEST MONROE ST., STE. 3900**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ALDRIDGE, ALLEN D**
 STREET ADDRESS **2100 RIVEREDGE PARKWAY SUITE 450**
 CITY-ST-ZIP **ATLANTA, GA 30328**

TITLE Change Addition
 NAME **ALDRIDGE, ALLEN D.**
 STREET ADDRESS **2000 RIVEREDGE PARKWAY, STE 500**
 CITY-ST-ZIP **ATLANTA, GA 30328**

TITLE **VT** Delete
 NAME **ZWIEG, HUGH K**
 STREET ADDRESS **227 WEST MONROE ST SUITE 3900**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 fee empowered.

SIGNATURE:

Randal J. Selig 4/13/04 (312) 726-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #