


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000006295 1. Entity Name PRINCE PROPERTIES OF ILLINOIS, INC.	
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Principal Place of Business 303 WEST MADISON STREET, STE 1900 CHICAGO, IL 60606	Mailing Address 303 WEST MADISON STREET, STE 1900 CHICAGO, IL 60606
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4071680	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRINCE, FREDERICK H 816 CONNECTICUT AVENUE N.W. WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD PRINCE, WILLIAM N 303 WEST MADISON STREET, STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HIGHLEY, RANDALL 303 WEST MADISON STREET, STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RICHARDSON, SARAH 303 WEST MADISON STREET, STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000648805 03/07/07-80024-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  1-11-07 812-419-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #