


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000006295**  
 1. Entity Name  
**PRINCE PROPERTIES OF ILLINOIS, INC.**



Principal Place of Business      Mailing Address  
**303 WEST MADISON STREET, STE 1900**      **303 WEST MADISON STREET, STE 1900**  
**CHICAGO, IL 60606**      **CHICAGO, IL 60606**

**DO NOT WRITE IN THIS SPACE**



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**36-4071680**      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**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRINCE, FREDERICK H
STREET ADDRESS	816 CONNECTICUT AVENUE N.W.
CITY-ST-ZIP	WASHINGTON, DC 20006
TITLE	PD
NAME	WOOD PRINCE, WILLIAM N
STREET ADDRESS	303 WEST MADISON STREET, STE 1900
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VPD
NAME	HIGHLEY, RANDALL
STREET ADDRESS	303 WEST MADISON STREET, STE 1900
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	RICHARDSON, SARAH
STREET ADDRESS	303 WEST MADISON STREET, STE 1900
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/26/08-80001-010 150.00

**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]*      **1/7/07**      **312-419-9500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #