



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000310	
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Principal Place of Business 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601	Mailing Address 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
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DO NOT WRITE IN THIS SPACE

	
07012004	No Chg-P CR2E034 (10/03)
4. FEI Number 95-1623190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	PC PHILLIPS, THOMAS P 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QUINN, DENNIS P 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PHILLIPS, JOHN 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIYAR, JOSE 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CULLEN, THOMAS 111 E. WACKER DR. SUITE 1407 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000165103
07/09/04-80017-001 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	7/2/04	312-819-5050
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>