


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90101 019 \*\*\*150.00

<b>DOCUMENT # F96000000820</b> 1. Entity Name AMERICAN IMAGING MANAGEMENT, INC.	
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Principal Place of Business 540 LAKE COOK ROAD SUITE 300 DEERFIELD, IL 60015	Mailing Address 540 LAKE COOK ROAD SUITE 300 DEERFIELD, IL 60015
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-3692630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRINGTON, DAVID S P 1247 RIDGE EVANSTON, IL 60202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHOW, JAMES J S <del>8001 MADISON LANE</del> 20 Robin Hood Ranch <del>WOODBRIDGE, IL 60617</del> Oak Brook, IL 60523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHOW, JAMES J T <del>8001 MADISON LANE</del> 20 Robin Hood Ranch <del>WOODBRIDGE, IL 60617</del> Oak Brook, IL 60523
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: James Chow 2/15/06 847-559-6710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #