


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002773 1. Entity Name LEXFORD APARTMENT SERVICES, INC.	
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Principal Place of Business 6954 AMERICANA PKWY REYNOLDSBURG, OH 43068	Mailing Address 6954 AMERICANA PKWY REYNOLDSBURG, OH 43068
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1434618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000091188 03/17/04-80050-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BSV MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, JAMES TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POTTS, TAMRA L 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068
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 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 like empowered.

SIGNATURE: Tamra L. Potts VP 2/16/04 614-575-542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TAMRA L. POTTS