


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 8:38

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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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1434618	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

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 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	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	

600049102086
03/24/05--01049--015 **150.00

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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 **TAMRA L. POTTS** **MAR 1 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6145755192