

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002773

FILED  
May 01, 2006  
Secretary of State

Entity Name: LEXFORD APARTMENT SERVICES, INC.

## Current Principal Place of Business:

6954 AMERICANA PKWY  
REYNOLDSBURG, OH 43068

## New Principal Place of Business:

TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

## Current Mailing Address:

6954 AMERICANA PKWY  
REYNOLDSBURG, OH 43068

## New Mailing Address:

TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

FEI Number: 31-1434618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STROHM, BRUCE C  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: EV ( ) Delete  
Name: FOX, LESLIE B  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: BSV (X) Delete  
Name: MCHUGH, MICHAEL J  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: ALEXANDER, JAMES  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: POTTS, TAMRA L  
Address: 6954 AMERICANA PARKWAY  
City-St-Zip: REYNOLDSBURG, OH 43068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SHUMAN, BARBARA  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHUMAN

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date