

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004519

Entity Name: QRS-BOND, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

ATTN: BARBARA SHUMAN  
TWO N. RIVERSIDE PLAZA, STE 400  
CHICAGO, IL 60606

## New Principal Place of Business:

## Current Mailing Address:

ATTN: BARBARA SHUMAN  
TWO N. RIVERSIDE PLAZA, STE 400  
CHICAGO, IL 60606

## New Mailing Address:

FEI Number: 36-4101686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUNCAN, BRUCE  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

Title: SV ( ) Delete  
Name: MCHUGH, MICHAEL J  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

Title: VTD ( ) Delete  
Name: SPECTOR, GERALD A  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

Title: S ( ) Delete  
Name: SHUMAN, BARBARA  
Address: TWO NROTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: VD ( ) Delete  
Name: STROHM, BRUCE C  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

Title: VD ( ) Delete  
Name: NEITHERCUT, DAVID J  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: BRANDIN, DONNA  
Address: TWO NORTH RIVERSIDE PLAZA, STE 450  
City-St-Zip: CHICAGO, IL

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

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 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 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

SECY

04/25/2005

Electronic Signature of Signing Officer or Director

Date