


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90118 049 \*\*\*150.00

<b>DOCUMENT # F97000000479</b>	
1. Entity Name DORAL GP CORP.	

Principal Place of Business 200 W MADISON ST #3700 CHICAGO, IL 60606	Mailing Address 200 W MADISON ST #3700 CHICAGO, IL 60606
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24045004



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4169541		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		7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRITZKER, PENNY 200 W. MADISON ST., #3700 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MILLER, GLEN 200 W. MADISON ST., #2500 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TURNER, ALLEN M 200 W MADISON ST #3800 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POORMAN, JOHN KEVIN 200 W MADISON ST STE 3700 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS, POORMAN, JOHN KEVIN 200 W. MADISON ST. STE. 3700 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COHEN, ROBBIN 200 W MADISON ST STE 3700 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COHEN, ROBBIN 200 W. MADISON ST. STE. 3700 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, KEVIN D 200 W MADISON ST 35TH FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLELAND, JENNIFER K. 200 W. MADISON ST. STE. 3700 CHICAGO, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: John Kevin Poorman Date: 4-14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Kevin Poorman, Vice President