

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90673 020 \*\*\*150.00

**DOCUMENT # F97000003398**



1. Entity Name  
**FASHION MALL REALTY, INC.**

Principal Place of Business  
**875 N. MICHIGAN AVE., #3620  
 CHICAGO, IL 60611**

Mailing Address  
**875 N. MICHIGAN AVE., #3620  
 CHICAGO, IL 60611**

**94050581**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4165061**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MANSUR, E B  
 1117 SCHEFFLERA DR.  
 CAPTIVA, FL 33924**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME **PSDC MANSUR, E B**  Delete  
 STREET ADDRESS **1117 SCHEFFLERA DR.**  
 CITY-ST-ZIP **CAPTIVA, FL 33924**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **V BRIGGS, SETH JR**  Delete  
 STREET ADDRESS **120 OAK TERRACE**  
 CITY-ST-ZIP **LAKE BLUFF, IL 60044**

TITLE  
 NAME **Vice Pres. Seth Briggs, Jr.**  Change  Addition  
 STREET ADDRESS **651 Lincoln Avenue**  
 CITY-ST-ZIP **Lake Bluff IL 60044**

TITLE  
 NAME **T KOEPLIN, KURT**  Delete  
 STREET ADDRESS **801 PARK AVE**  
 CITY-ST-ZIP **WILMETTE, IL 60091**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Kurt D. Koepelin* **Kurt Koepelin** 3/16/2004 312-263-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #