

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90256 020 ***150.00

DOCUMENT # F97000003760

1. Entity Name
A & D TITLE, INC.



Principal Place of Business
900 NORTH MICHIGAN AVENUE
STE 1400
CHICAGO, IL 60611

Mailing Address
900 NORTH MICHIGAN AVENUE
STE 1400
CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0769487	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 SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELE, GARY 900 NORTH MICHIGAN AVENUE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOTTA, JAMES D 7900 GLADES ROAD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELETTE, STEPHEN A 900 NORTH MICHIGAN AVENUE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIELSEN, PAUL C 900 N. MICHIGAN AVENUE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EWING, KAREN M 900 N. MICHIGAN AVENUE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Karen H. Ewing* **Karen Ewing**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 **312/915-1969**
Date Daytime Phone #