


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000003853</b> 1. Entity Name CMD REIM III, INC.	
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Principal Place of Business 303 W MADISON STREET SUITE 1900 CHICAGO, IL 60606	Mailing Address 303 W MADISON STREET SUITE 1900 CHICAGO, IL 60606
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01062006 No Chg-P CR2E034 (11/05)

4. FEJ Number 36-4116417 Applied For ☐ Not Applicable ☐

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

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PD WOOD PRINCE, WILLIAM N 303 W MADISON STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HIGHLEY, RANDALL M 303 W MADISON STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, SARAH A 303 W MADISON STE 1900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, FREDERICK H 816 CONNECTICUT AVE NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000399890  
02/01/06-80031-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: *Randall Highley* 1-6-06 312-419-9500