


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90042 029 \*\*\*150.00

<b>DOCUMENT # F97000004431</b>	
1. Entity Name <b>CLEVER IDEAS-LE CARD, INC.</b>	

Principal Place of Business <b>TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	Mailing Address <b>TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3729475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>LEXIS DOCUMENT SERVICES INC 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. CHICAGO OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD: SUCROW, LEE G. <input type="checkbox"/> Delete <b>SUCKOW, LEE G. TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Usedom Two Prudential Plaza Ste 5300 Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: MCDONNELL, MICHAEL E <input type="checkbox"/> Delete <b>MCDONNELL, MICHAEL E TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Palmer Two Prudential Plaza Ste 5300 Chicago, IL 60601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: HOWARD, ROBERT <input type="checkbox"/> Delete <b>HOWARD, ROBERT TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: KELLER, RONA <input type="checkbox"/> Delete <b>KELLER, RONA TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: TOWLE, WILLIAM H <input type="checkbox"/> Delete <b>TOWLE, WILLIAM H TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS: LANDON, EDWARD W <input type="checkbox"/> Delete <b>LANDON, EDWARD W TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601</b>	TITLE NAME 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:**  **2/17/04 312-819-4204**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #