


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000004431 1. Entity Name CLEVER IDEAS-LE CARD, INC.	
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Principal Place of Business TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601	Mailing Address TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3729475	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

**LEXIS DOCUMENT SERVICES INC
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SUCKOW, LEE G TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CYMERMAN, MARK TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ROBERT TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, RONA TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWLE, WILLIAM H TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LANDON, EDWARD W TWO PRUDENTIAL PLAZA STE 5300 CHICAGO, IL 60601

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IN THIS SPACE**

U00000875618
04/11/08-80041-013 150.00

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 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:  **V.P. Cfo** **3/25/08** **(312) 819-4204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #