

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005896

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: ERP-QRS CPRT, INC.

## Current Principal Place of Business:

% LISA CURRIE  
TWO NORTH RIVERSIDE PLAZA, STE. 400  
CHICAGO, IL 60606

## Current Mailing Address:

% LISA CURRIE  
TWO NORTH RIVERSIDE PLAZA, STE. 400  
CHICAGO, IL 60606

## New Principal Place of Business:

BARBARA SHUMAN  
TWO NORTH RIVERSIDE PLAZA, STE. 400  
CHICAGO, IL 60606

## New Mailing Address:

BARBARA SHUMAN  
TWO NORTH RIVERSIDE PLAZA, STE. 400  
CHICAGO, IL 60606

FEI Number: 36-4186980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSYTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: NEITHERCUT, DAVID J  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: VD ( ) Delete  
Name: STROHM, BRUCE C  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: VTD ( ) Delete  
Name: SPECTOR, GERALD A  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: P ( ) Delete  
Name: DUUNCAN, BRUCE  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: SV ( ) Delete  
Name: MCHUGH, MICHAEL J  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: S ( ) Delete  
Name: SHUMAN, BARBARA  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: DUNCAN, BRUCE  
Address: TWO NORTH RIVERSIDE PLAZA, STE. 450  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHUMAN

S

07/06/2004

Electronic Signature of Signing Officer or Director

Date