

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006169

Entity Name: ERP-QRS CPRT II, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

ATTN: B SHUMAN
TWO NORTH RIVERSIDE PLAZA, STE. 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

ATTN: B. SHUMAN
TWO NORTH RIVERSIDE PLAZA, STE. 400
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4191495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: NEITHERCUT, DAVID
Address: TWO NORTH RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

Title: DV () Delete
Name: SPECTOR, GERALD A
Address: TWO NORTH RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: STROHM, BRUCE C
Address: TWO NORTH RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

Title: P () Delete
Name: DUNCAN, BRUCE
Address: TWO NORTH RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

Title: SVP () Delete
Name: MCHUGH, MICHAEL J
Address: TWO NORTH RIVERSIDE PLAZA, STE. 400
City-St-Zip: CHICAGO, IL 60606

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

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

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

SECY

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date