

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000000883**

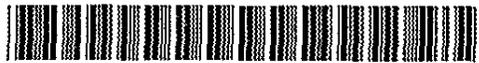
1. Entity Name  
**FI DEVELOPMENT SERVICES CORPORATION**



Principal Place of Business  
**311 S. WACKER DR., STE 4000  
 CHICAGO, IL 60606**

Mailing Address  
**311 S. WACKER DR., STE 4000  
 CHICAGO, IL 60606**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4115351**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST  
 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, 2004 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	EVP MUIR, BOB 311 S WALKER DRIVE 4000 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAVALA, MICHAEL J 311 S. WACKER DR., STE 4000 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO BRENNAN, MICHAEL W 311 S. WACKER DR., STE 4000 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS YAP, JOHANNSON 311 S. WACKER DR., STE 4000 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/10/04-80043-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S. A. Mui 2/1/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #