


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
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4115351	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	EVP
NAME	MUIR, BOB
STREET ADDRESS	311 S WALKER DRIVE 4000
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	STD
NAME	HAYALA, MICHAEL J
STREET ADDRESS	311 S. WACKER DR., STE 4000
CITY - ST - ZIP	CHICAGO, IL
TITLE	PCEO
NAME	BRENNAN, MICHAEL W
STREET ADDRESS	311 S. WACKER DR., STE 4000
CITY - ST - ZIP	CHICAGO, IL
TITLE	VAS
NAME	YAP, JOHANNSSON
STREET ADDRESS	311 S. WACKER DR., STE 4000
CITY - ST - ZIP	CHICAGO, IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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. Y. MUIR **2/1/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #