

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000883

FILED
Apr 21, 2005
Secretary of State

Entity Name: FI DEVELOPMENT SERVICES CORPORATION

Current Principal Place of Business:

311 S. WACKER DR., STE 4000
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

311 S. WACKER DR., STE 4000
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4115351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: EVP () Delete
Name: MUIR, BOB
Address: 311 S WALKER DRIVE 4000
City-St-Zip: CHICAGO, IL 60606

Title: STD () Delete
Name: HAVALA, MICHAEL J
Address: 311 S. WACKER DR., STE 4000
City-St-Zip: CHICAGO, IL

Title: PCEO () Delete
Name: BRENNAN, MICHAEL W
Address: 311 S. WACKER DR., STE 4000
City-St-Zip: CHICAGO, IL

Title: VAS () Delete
Name: YAP, JOHANNSON
Address: 311 S. WACKER DR., STE 4000
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:

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: MICHAEL BRENNAN

PCEO

04/21/2005

Electronic Signature of Signing Officer or Director

Date