


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90319 015 \*\*\*150.00

**54046436**

<b>DOCUMENT # F98000000971</b> 1. Entity Name <b>FACILITY MANAGEMENT INC. OF CALIFORNIA</b>					
Principal Place of Business <b>200 WEST MADISON, 41ST FL CHICAGO, IL 60606</b>			Mailing Address <b>200 WEST MADISON, 41ST FL CHICAGO, IL 60606</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>94-2728840</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HANDELMAN, HAROLD S</b> <b>200 W MADISON</b> <b>CHICAGO, IL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>Douglas G. Geoga</b> <b>200 W. Madison</b> <b>Chicago, IL 60606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULZE, RICHARD L</b> <b>200 W MADISON</b> <b>CHICAGO, IL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Christine M. Maki</b> <b>200 W. Madison</b> <b>Chicago, IL 60606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>MILLER, SCOTT</b> <b>200 W MADISON</b> <b>CHICAGO, IL 60606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSE, KIRK</b> <b>200 WEST MADISON, 41ST FL</b> <b>CHICAGO, IL 60606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Kirk A. Rose</b> <b>200 W. Madison</b> <b>Chicago, IL 60606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHAFF, RICHARD</b> <b>747 HOWARD STREET</b> <b>SAN FRANCISCO, CA 94103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE</b> <u>Harold S. Handelsman</u> <b>Harold S. Handelsman</b> <b>Vice President &amp; Secretary</b>					