


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000000971			
1. Entity Name FACILITY MANAGEMENT INC. OF CALIFORNIA			
Principal Place of Business 71 S.WACKER DRIVE, 14TH FL CHICAGO, IL 60606		Mailing Address 71 S.WACKER DRIVE, 14TH FL CHICAGO, IL 60606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 47TH FLOOR		Suite, Apt. #, etc. 47TH FLOOR	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 MAY -5 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400074074104



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 94-2728840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHULZE, RICHARD L 71 S.WACKER DR, 14TH FL CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHULZE, RICHARD L 71 S.WACKER DR, 47TH FLOOR CHICAGO, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAFF, RICHARD 71 S.WACKER DR, 14TH FL CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAFF, RICHARD 747 HOWARD STREET SAN FRANCISCO, CA 94103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STELLATO, JOHN 71 S.WACKER DR, 14TH FL CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STELLATO, JOHN 71 S.WACKER DR, 47TH FLOOR CHICAGO, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Stellato May 3, 2006 32-873-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

272

ACCOUNT NO. : 072100000032  
REFERENCE : 084828 7501936  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 550.00 *#150.00*

ORDER DATE : May 4, 2006  
ORDER TIME : 10:40 AM  
ORDER NO. : 084828-015  
CUSTOMER NO: 7501936

ANNUAL REPORT FILING

NAME: FACILITY MANAGEMENT INC. OF  
CALIFORNIA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
06 MAY -5 PM 1:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA