2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN Secretary of State

	ANNUAL	REPURI			11P2 1	., _000	00.00
1. Entity Nam	MENT # F980000025			Sec	retary	of State	
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1 . · · · .		Mailing Address C/O TAX DEPT	!				
10275 LITTI Columbia, N	LE PATUXENT PKWY. MD 21044	10275 LITTLE PATUXENT PKI COLUMBIA, MD 21044	10275 LITTLE PATUXENT PKWY. Columbia, Md 21044				
	O NOT WRITE	CE	03142006 4. FEI Numbe	No Chg-P	CR2E034 (1	1/05) Applied For	
			Table Towns	52-206			Not Applicab
	to divine and the control that			5. Certificate	of Status Desired		5 Additional equired
 	6. Name and Address of Current Re			Personal and the second		- Walter Control	
CORPORATION SERVICE COMPANY				DO	NOT W	RITF	
1201 HAYS STREET TALLAHASSEE, FL 32301-2525							
				IN	THIS SP	AUE	
	named entity submits this statement for t	he purpose of changing its register	red office or register	red agent, or bol	th, in the State of Flo	rida. I am familia	r with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent are	Jule II applicable. (NOTE Register	ed Agent signature required	d when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			-
10.	OFFICERS AND D	RECTORS					
TITLE	CFO		T '"	5 * * * ****** *	i garante e e s		
NAME STREET ADDRESS	FREIBAUM, BERNARD 110 N WACKER DR						
CITY-ST-ZIP	CHICAGO, IL 60606						
ME	COO	. 1. 7 19		 		510638	·
NAME STREET ADDRESS	MICHAELS, ROBERT A			*****	04/29/06-0	30014-022	150.00
CITY-ST-ZIP	CHICAGO, IL 60606						
TITLE	CEO BUCKSBAUM, JOHN					e estada de galace.	
NAME STREET ADDRESS	110 N WACKER DR			~~	NOT 14	i Kangir di salam daran	
CITY-ST-ZIP	CHICAGO, IL 60608		I	- DO	NOT W	KIIE	
TITLE				IN 7	THIS SF	ACE	and the second s
NAME STREET ADDRESS							
CITY-ST-ZIP			1	Jan. S√	nin in all subsection		and the same of th
TITLE		· · · · · · · · · · · · · · · · · · ·	- 21°0			CA LOURIS LINE TO SECURE	
NAME STREET ADDRESS							::. <u></u>
CITY-ST-ZIP							
TITLE				·			
NAME	i		1				2-2-2

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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