## 2006 FOR PROFIT CORPORATION

### **ANNUAL REPORT**

DOCUMENT # F98000004805

COASTLAND CENTER, INC.



Principal Place of Business

110 N. WACKER CHICAGO, IL 60606 Mailing Address

110 N. WACKER CHICAGO, IL 60606

# **FILED** Feb 28, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 36-4247056 Not Applicable

5. Certificate of Status Desired

01312006

\$8.75 Additional Fee Required

CR2E034 (11/05)

CORPORATION SERVICE COMPANY

6. Name and Address of Current Registered Agent

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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No Chg-P

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

\$5.00 May Be

U00000451528

03/10/06-80058-005 150.0**0** 

FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS 10. title MICHAELS, ROBERT A 110 N. WACKER STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 TITS F FREIBAUM, BERNARD NAME STREET ADDRESS 110 N. WACKER CITY-ST-ZIP CHICAGO, IL 60606 DCEQ BUCKSBAUM, JOHN NAME 110 N. WACKER STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 VAS TITLE NAME RONALD, GERN 110 N. WACKER STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 BAYER, JOEL NAME STREET ADDRESS 110 N. WACKER CHICAGO, IL 60606 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

### DO NOT WRITE IN THIS SPACE

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 attagramment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRUTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06