2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005922

Entity Name: WILLIAMS LEA INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
500 W MADISON ST. STE. 3200 CHICAGO, IL 60661			500 WEST MADISON STREET SUITE 3300 CHICAGO, IL 60661				
Current Mailing Address:				New Mailing Address:			
11TH FLOOR			500 WEST MADISON STREET SUITE 3300 CHICAGO, IL 60661 US				
FEI Number:	13-3160717	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name					Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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:							
OIOIVATOIN		Signature of Registered Agent				 Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO							
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SHEA, DAVID 345 HUDSON STI NEW YORK, NY VP () D KUCERA, PHILIP	pelete E REET., 10TH FLOOR		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	RODBER, TI 500 WEST M CHICAGO, IL V AMANN, KEN	MADISON STREET, SUITE 3300 60661 (X) Change () Addition INETH MADISON STREET, SUITE 3300	
Title: Name: Address: City-St-Zip: Title:	SPITZER, SCOTT	REET., 10TH FLOOR 10014		Title: Name: Address: City-St-Zip: Title:	BARTON, JU 500 WEST N CHICAGO, IL	AADISON STREET, SUITE 3300	
Name: Address: City-St-Zip:	JOHNSON, ROBE	ERT M REET., 10TH FLOOR		Name: Address: City-St-Zip:	PARTRIDGE	, JENNIFER MADISON STREET, SUITE 3300	
Title: Name: Address: City-St-Zip: Title:	MCSPADDEN, JC 395 HUDSON ST. NEW YORK, NY	., 11TH FLR. 10014 Delete		Title: Name: Address: City-St-Zip: Title:	GRIFFITHS, 500 WEST M CHICAGO, IL	AADISON, SUITE 3300	
Name: Address: City-St-Zip:	*	REET., 11TH FLOOR		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: JENNIFER PARTRIDGE V/S 04/29/2005