

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90002 018 \*\*\*150.00

**DOCUMENT # F98000006287**

1. Entity Name  
COHEN REALTY SERVICES, INC.



Principal Place of Business  
2 NORTH LASALLE ST., STE. 800  
CHICAGO, IL 60602

Mailing Address  
2 NORTH LASALLE ST., STE. 800  
CHICAGO, IL 60602

54070983



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

36-3882407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VPT ☒ Delete  
NAME MOORE, TERRY D  
STREET ADDRESS 2 NORTH LASALLE ST STE 800  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE DP ☐ Delete  
NAME COHEN, JACK M  
STREET ADDRESS 2 NORTH LASALLE ST., STE. 800  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE VP ☒ Delete  
NAME LIBESCH, KADIE  
STREET ADDRESS 2 NORTH LASALLE ST STE 800  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE S ☒ Delete  
NAME FREEMAN, MICHAEL I  
STREET ADDRESS 2 NORTH LASALLE ST., STE. 800  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE DV ☒ Delete  
NAME COHEN, BRUCE R  
STREET ADDRESS 2 NORTH LASALLE ST., STE. 800  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE AS ☒ Delete  
NAME BALDASARE, FRANK  
STREET ADDRESS 2 NORTH LASALLE ST STE 800  
CITY-ST-ZIP CHICAGO, IL 60602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President, Treasurer ☐ Change ☒ Addition  
NAME Pam Kellam  
STREET ADDRESS 2 North LaSalle St. Ste 800  
CITY-ST-ZIP Chicago, IL 60602

TITLE Vice President ☐ Change ☒ Addition  
NAME William Wein  
STREET ADDRESS 2 North LaSalle St. Ste. 800  
CITY-ST-ZIP Chicago, IL 60602

TITLE Vice President ☐ Change ☒ Addition  
NAME Steve Spayer  
STREET ADDRESS 2 North LaSalle St. Ste. 800  
CITY-ST-ZIP Chicago, IL 60602

TITLE Vice President ☐ Change ☒ Addition  
NAME Nathan Hart  
STREET ADDRESS 2 North LaSalle St. Ste. 800  
CITY-ST-ZIP Chicago, IL 60602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

*Pam Kellam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04

Date

Daytime Phone #