


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006287 1. Entity Name COHEN REALTY SERVICES, INC.	
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Principal Place of Business 2 NORTH LASALLE ST., STE. 800 CHICAGO, IL 60602	Mailing Address 2 NORTH LASALLE ST., STE. 800 CHICAGO, IL 60602
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3882407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS KELLAM, PAM 2 NORTH LASALLE ST STE 800 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COHEN, JACK M 2 NORTH LASALLE ST., STE. 800 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEIN, WILLIAM 2 NORTH LASALLE ST CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPAYER, STEVE 2 NORTH LASALLE ST STE 800 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HART, NATHAN 2 NORTH LASALLE ST STE 800 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000369637
06/20/05-80001-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* Pam Kellam 5/17/05 312-803-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cohen Realty Services, Inc.