2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# F99000003819

Entity Name: PARK CITY MOBILE HOMES, INC.

Current Principal Place of Business:

820 CHURCH ST
SUITE 200
EVANSTON, IL 60201

New Principal Place of Business:

Current Mailing Address:

820 CHURCH ST
SUITE 200
EVANSTON, IL 60201

New Mailing Address:

FEI Number: 36-2545416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLE, ROSS
17021 UPRIVER RD
NORTH FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

PHELPS, LYNDA
17021 UPRIVER RD
NORTH FT MYERS, FL 33903 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: LYNDA PHELPS 02/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: PETERS, WARREN J
Address: 820 CHURCH ST SUITE 200
City-St-Zip: EVANSTON, IL 60201

Title: D ( ) Delete
Name: PETERS, ELAINE C
Address: 820 CHURCH ST SUITE 200
City-St-Zip: EVANSTON, IL 60201

Title: V ( ) Delete
Name: DRESHER, BARBARA
Address: 820 CHURCH ST SUITE 200
City-St-Zip: EVANSTON, IL 60201

Title: S ( ) Delete
Name: BERLAND, HOWARD
Address: 820 CHURCH ST SUITE 200
City-St-Zip: EVANSTON, IL 60201

Title: D (X) Delete
Name: DRESHER, BARBARA P
Address: 820 CHURCH ST
City-St-Zip: EVANSTON, IL 60201

Title: D (X) Delete
Name: PETERS-FERRELL, JENNIFER
Address: 820 CHURCH ST
City-St-Zip: EVANSTON, IL 60201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: WARREN J. PETERS DPT 02/02/2005
Electronic Signature of Signing Officer or Director Date