


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004716 1. Entity Name CAESAR CORP.	
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Principal Place of Business 222 S RIVERSIDE PLAZA SUITE 1450 CHICAGO, IL 60606	Mailing Address 222 S RIVERSIDE PLAZA SUITE 1450 CHICAGO, IL 60606
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02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4316026	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000101610 04/02/04-80020-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD KORZEN, BRADFORD 5750 WILSHIRE BLVD., SUITE 610 LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELOWE, JEFFREY S 500 WEST MADISON STREET, SUITE 2980 CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BERGER, STEPHEN L 2 NORTH LASALLE STREET, 21ST FLOOR CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BURJEK, EDWARD F 500 WEST MADISON STREET, SUITE 2980 CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 exemption stated in Section 19.07(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 filers considered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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