


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90021 017 \*\*\*150.00

**DOCUMENT # F99000006497**  
 1. Entity Name  
**CH-AM ACQUISITION, INC.**



**66405820**



MOORE CR2E034 (11/03)

Principal Place of Business  
**640 N. LASALLE ST.  
 SUITE 295  
 CHICAGO IL 60610**

Mailing Address  
**640 N. LASALLE ST.  
 SUITE 295  
 CHICAGO IL 60610**

2. Principal Place of Business  
**2 N. Riverside Plz  
 Suite, Apt. #, etc.  
 7th Fl.**

3. Mailing Address  
**2 N. Riverside Plz  
 Suite, Apt. #, etc.  
 7th Fl.**

City & State  
**Chicago IL**

City & State  
**Chicago IL**

Zip  
**60606** Country


Zip  
**60606** Country

4. FEI Number **36-4279234** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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  DATE **2-17-2004**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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	PCEO POSNER, KENNETH R 640 N. LASALLE ST., SUITE 295 CHICAGO IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO HILARIO, EMANUEL N 640 N LASALLE STREET SUITE 295 CHICAGO IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2 N. Riverside Plz, 7th Fl          Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2 N. Riverside Plz 7th Fl          Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #