2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006546

1. Entity Name

LASALLE U.S. HOLDINGS, INC.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90672 013 ***150.00

Principal	Place	ωf	Business

CHICAGO, IL 60601

200 EAST RANDOLPH DRIVE

Mailing Address

200 EAST RANDOLPH DRIVE CHICAGO, IL 60601



DO NOT WRITE IN THIS SPACE

01122004 No Chg-P

CR2E034 (10/03)

4. FEI Number	i i	Applied For		
36-4217044		Not Applicable		
5. Certificate of Status Desired	\$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

	·				HIS SPA	UE	
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bot	h, in the State of Florida	1 am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	ed Agent signature i	required when reinstating)		DATE	
	E NOW!!! FEE I\$ \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	•	•	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 EAST RANDOLPH DRIVE CHICAGO, IL 60601	. Thurber					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HACAN, ROBERT K - Gordo 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601	n G. Repp					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST T SORENSEN, PAUL R Brian 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601	P. Hake		DO	NOT WR	İTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	lee Martin		in in	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASIONOWSKI, JAMES S 200 E. RANDOLPH DR. CHICAGO, IL 60601			Fig. 1. Section 19 (1) And the section of the secti			
TITLE	D					The state of the s	
NAME STREET ADDRESS CITY-ST-ZIP	200 E	H. Schaff Randolph Dr go IL 60601					
12. I hereby of indicated	certify that the information supplied with this for on this report or supplemental report is true a	ling does not qualify for the exe	emption stated	f in Section 119.07(3)(i e the same legal effec	i), Florida Statutes. I furti	her certify that t	he information ficer or director

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:

1.1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

312-228-2778

ite Daytime P