


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006546	
1. Entity Name LASALLE U.S. HOLDINGS, INC.	

Principal Place of Business 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601	Mailing Address 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4217044	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THURBER, LYNN C 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS REPP, GORDON G 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAKE, BRIAN P 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, LAURALEE 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JASIONOWSKI, JAMES S 200 E. RANDOLPH DR. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAFF, PETER H 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601

**DO NOT WRITE
IN THIS SPACE**

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05/06/05-80044-022 150.00

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:  **4/28/05** **312-228-2778**

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

James S. Jasionowski