

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L82235	
1. Entity Name GRANADA PLAZA, INC.	

Principal Place of Business 414 NORTH ORLEANS, SUITE 304 CHICAGO, IL 60610 US	Mailing Address 414 NORTH ORLEANS, SUITE 304 CHICAGO, IL 60610 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3022488	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PRES
NAME	BISKIND, EDWARD I
STREET ADDRESS	414 NORTH ORLEANS, SUITE 304
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	EVP
NAME	KISS, EDWARD J
STREET ADDRESS	414 N ORLEANS, SUITE 304
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	VP
NAME	NEELLEY, MELISSA
STREET ADDRESS	414 N. ORLEANS, SUITE 304
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000716030
 04/28/07-80015-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Melissa Neelley V.P. MELISSA NEELLEY 4/1/07 312-970-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #