## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

\*\*\* M. 40

## FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L92597 NANCIAL SERVICES, INC.					04-29-2005	90256 (	008 ***15	60.00
Principal Place of Business 230 WEST MONROE ST STE 2810 CHICAGO, IL 60606 US		Mailing Address 1000 BRICKELL AVE SUITE 700 MIAMI, FL 33131 US			14009643				
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address  1000 RRTCKELL AVE Suite Apt, #, etc.		-					
-		SUITE 500			04222005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State MIAMI, FLORIDA			4. FEI Numbe 65-021			<u> </u>	plied For t Applicable
Zip	Country	Zip Count			5. Certificate	\$8.75 Additional Fee Required			
	6. Name and Address of Current I	egistered Agent			7. Name and Address of New Registered Agent				
CORPORATION COMPANY OF MIAMI				Name					
1600 MIAMI CENTER 201 S. BISCAYNE BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL									
				City			FL	Zip Code	9
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									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	CERS AND		
TITLE NAME	CD SHAY, RODGER D	☐ Celete	TITLE NAM					Change	Addition
STREET ADDRESS	1000 BRICKELL AVE			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL EV	☐ Delete	CITY	-ST-ZIP				☐ Change	☐ Addition
NAME	SAMMONS, JR EDWARD E	LI Delete	NAM	- 1				C cuanta	Addison
STREET ADDRESS CITY-ST-ZIP	230 WEST MONROE ST CHICAGO, IL 60606			ET ADDRESS - ST - ZIP					
TITLE	VS	□ Delete	TITLE	<del></del>				☐ Change	Addition
NAME	PODRAZA, ROBERT T		NAM					- •	
STREET ADDRESS CITY-ST-ZIP	1000 BRICKELL AVE   MIAMI, FL 33131			ET ADDRESS -St-Zip					
TILE	Р	☐ Delete	IITLE	<b>I</b>		•		☐ Change	Addition
NAME STREET ADDRESS	SHAY, RODGER D. JR. 1000 BRICKELL AVE		NAM STRE	E Et address					
CITY-ST-ZIP	MIAMI, FL			- ST - ZIP					
TITLE NAME		☐ Delete	TITLI NAM	l l				Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4-	- ST- ZIP					C Addition
TITLE NAME		☐ Detete	NAM	l l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
	Lertify that the information supplied with	this filing does not qualify for		l l	ection 119.07(3)	(i), Florida Statutes.	I further cer	tify that the in	nformation
indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee exist, or on an attachment with an addraws,	fue and accurate and that mowered to execute this report a with all other like empowered.	ıy signa as requi	ture shall have the ired by Chapter 607	same legal effec 7, Florida Statute	ot as if made under ones; and that my name	e appears i	am an officer n Block 10 or	or director Block 11 if

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR