

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 032 ***150.00

40051103



03282005 Chg-P CR2E034 (10/03)

4. FEI Number
32-0050998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOGNARELLI, MAURY R	
STREET ADDRESS	191 N. WACKER DR., SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS	
STREET ADDRESS	191 N. WACKER DR., SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	191 N. WACKER DR., SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KURNICK, KAREN	
STREET ADDRESS	191 N. WACKER DR., SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYAN, COLLEEN	
STREET ADDRESS	191 N. WACKER DR., SUITE 2500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen K. Kurnick 4/8/05 312-425-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #