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Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000066409

1. Entity Name
BERMUDA CONDOMINIUM RENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610	1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610

01312008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0321104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324

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 Anthony LiCausi Anthony LiCausi Vice President 4-22-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISH, MICHAEL 1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEVEN E. GOULETAS 1030 N. Clark Street Suite 300 Chicago IL 60610	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEACOCK, TRACY 1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John Cadden 1030 N. Clark, Ste. 300 Chicago IL 60610	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZINK, MICHAEL 1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R 1030 N. CLARK STREET SUITE 300 CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ANTHONY R. DIBENEDETTO	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARK, JAMES 1212 N LASALLE STE 100 CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Anthony R. DiBenedetto Secretary 1-31-08 312-595-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #