


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P15344</b>	
1. Entity Name <b>BALLY TOTAL FITNESS OF THE MIDWEST, INC.</b>	

Principal Place of Business <b>8700 W. BRYN MAWR AVE. 2ND FLOOR CHICAGO, IL 60631 US</b>	Mailing Address <b>8700 W. BRYN MAWR AVE. 2ND FLOOR CHICAGO, IL 60631 US</b>
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**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1114683</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD BASSEWITZ, MARC D 8700 W BRYN MAWR AVE CHICAGO, IL 60631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO TOBACK, PAUL A 8700 W BRYN MAWR AVE CHICAGO, IL 60631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCF FANELLI, WILLIAM 8700 W BRYN MAWR AVE CHICAGO, IL 60631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SIEGEL, RONALD E 8700 W. BRYN MANOR AVE. CHICAGO, IL 60631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MOTZ, LINDA B 8700 W BRYN MAWR AVE CHICAGO, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Paul E Siegel</i>	2-24-06	773-380-3000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>