


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P19351**  
 1. Entity Name  
 MIDAS PROPERTIES, INC.



Principal Place of Business      Mailing Address  
 1300 ARLINGTON HEIGHTS ROAD      1300 ARLINGTON HEIGHTS ROAD  
 ITASCA, IL 60143      ITASCA, IL 60143

**DO NOT WRITE IN THIS SPACE**



01262005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 36-2793574      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD FELDMAN, ALAN D 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARK, ALVIN K 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUZIK, WILLIAM 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MATRE, DAVID W 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC KUNSTMAN, MICHAEL 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000220365  
 02/08/05-80066-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael K Kunstman      Date: 1/27/2005      Daytime Phone #: 630-438-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR