


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P27575</b> 1. Entity Name <b>CHASE INVESTMENT SERVICES CORP.</b>	
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Principal Place of Business <b>300 S RIVERSIDE PLAZA 420 W VANBUREN ST CHICAGO, IL 60606-6613 US</b>	Mailing Address <b>300 S RIVERSIDE PLAZA 420 W VANBUREN ST CHICAGO, IL 60606-6613 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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08302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3538956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELKER, W. ROBERT 131 S. DEARBORN ST. CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>EVP</b> SCHARF, CHARLES W 270 PARK AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARTA, TERESA L 131 S DEARBORN ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, JAMES 270 PARK AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MICHAEL J 1111 POLARIS PARKWAY COLUMBUS, OH 43240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, JEFFREY L 10 S. DEARBORN ST CHICAGO, IL 60603

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09/11/06-80004-016 550.00

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: Jeffrey L Davis **August 31, 2006 312-732-7378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
**Jeffrey L. Davis/Assistant Secretary**