

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90024 033 ***150.00

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04052004 Chg-P CR2E034 (10/03)

4. FEI Number
36-3572408

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST. SUITE 105
TALLAHASSEE, FL 32301

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, 2004 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	CD	<input type="checkbox"/> Delete
NAME	PRITZKER, PENNY	
STREET ADDRESS	200 W MADISON, SUITE 3700	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	POORMAN, JOHN KEVIN	
STREET ADDRESS	200 W MADISON, SUITE 3700	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, GARY	
STREET ADDRESS	200 WEST MADISON STE 3700	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PHILLIPS, MATTHEW	
STREET ADDRESS	200 W MADISON, SUITE 3700	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAKI, CHRISTINE	
STREET ADDRESS	200 WEST MADISON STE 3700	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITZKER, NICHOLAS J.	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Randal J.	
STREET ADDRESS	200 W Madison, Suite 3700	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fields, Stephanie W.	
STREET ADDRESS	200 W Madison, Suite 3700	
CITY-ST-ZIP	Chicago, IL 60606	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie W. Fields

4/6/04

Date

312-750-8171

Daytime Phone #