## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all pther/ike empowered.

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90399 015 \*\*\*150.00 **DOCUMENT # P93000047225** 1. Entity Name MIRZA CO. OF ILLINOIS, INC. Mailing Address Principal Place of Business 124 S.W. ADAMS ST THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602 SUITE 560 PEORIA, IL 61602 3. Mailing Address 2. Principal Place of Business 416 Main Street Suite, Apt. #, etc. Suite 400 Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 36-3897438 Not Applicable Peoria. Country IIS \$8.75 Additional Country **Zip** 6 1 6 0 2 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL: 32301 Zip Code City 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 (NOTE: Registered Agent signature required when rematating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Delete TITI F TITLE NAME MIRZA, JEROME NAME STREET ADORESS STREET ADDRESS **3 FIRST NATIONAL PLAZA** CITY-ST-ZIP CHICAGO, IL CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME MCINTYRE, CAROLE NAME STREET ADDRESS 3 FIRST NATIONAL PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL CITY-ST-ZIP ☐ Change ■ Addition TILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Change ☐ Addition TITLE Delete DILE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP 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

Jerome Mirza, President

G OFFICER OR DIRECTOR

Apr.

Daytime Phone #

**FILED**