

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90013 036 \*\*\*150.00

**DOCUMENT # P98000044771**



1. Entity Name  
**FLA I TRUSTEE, INC.**

Principal Place of Business  
**2500 TENNYSON  
HIGHLAND PARK, IL 60035**

Mailing Address  
**C/O SHAW GUSSIS  
1144 W. FULTON #200  
CHICAGO, IL 60607**

2. Principal Place of Business

3. Mailing Address  
**FLA I TRUSTEE, INC.**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **c/o SRS REALTY  
51 SHERWOOD TERRACE, STE. S**

City & State

City & State  
**LAKE BLUFF, IL**

Zip

Country

Zip **60044**

Country **USA**

02062004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**36-4228690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete  
NAME **POLLACK, GERALD L**  
STREET ADDRESS **2500 TENNYSON**  
CITY-ST-ZIP **HIGHLAND PARK, IL 60035**

TITLE **VPS** ☐ Delete  
NAME **SCHMIDT, THEODORE J**  
STREET ADDRESS **111 W WASHINGTON ST STE 1300**  
CITY-ST-ZIP **CHICAGO, IL 60602**

TITLE **AS** ☐ Delete  
NAME **GUSSIS, RANDY S**  
STREET ADDRESS **1144 W. FULTON #200**  
CITY-ST-ZIP **CHICAGO, IL 60607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPS** ☐ Change ☐ Addition  
NAME **SCHMIDT, THEODORE J**  
STREET ADDRESS **9 S 175 DREW AVE**  
CITY-ST-ZIP **BURR RIDGE, IL 60527**

TITLE **AS** ☐ Change ☐ Addition  
NAME **GUSSIS, RANDY S**  
STREET ADDRESS **321 NORTH CLARK STREET Suite 800**  
CITY-ST-ZIP **Chicago, IL 60610**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**GERALD L. POLLACK**

Date

Daytime Phone #

**3/12/04**

**847-482-0952**

*-Pates*