


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000002076**  
 1. Entity Name  
**EAGLE RIDGE MALL, INC.**



Principal Place of Business      Mailing Address  
**110 N WACKER**      **110 N WACKER**  
**CHICAGO, IL 60606 US**      **CHICAGO, IL 60606 US**

**DO NOT WRITE IN THIS SPACE**



02162005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>42-1420675</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST**  
**SUITE 105**  
**TALLAHASSEE, FL 32301**

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

**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**

000000246874  
 02/28/05-80084-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MICHAELS, ROBERT 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT FREIBAUM, BERNARD 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BUCKSBAUM 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EISENBERG, MARSHALL E 2 N LASALLE STE 2200 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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:  **BERNARD FREIBAUM**      2-22-05      312-960-5205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #