2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# F95000002033

Entity Name: CDF JOINT VENTURES, INC.

Current Principal Place of Business:

5595 TRILLIUM BLVD
HOFFMAN ESTATES, IL 60192

New Principal Place of Business:

Current Mailing Address:

5595 TRILLIUM BLVD
HOFFMAN ESTATES, IL 60192 US

New Mailing Address:

FEI Number: 36-4013922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTIN, ROBERT M
Address: 5595 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: TD ( ) Delete
Name: KAMINSKY, DAVID A
Address: 5595 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: SD ( ) Delete
Name: BAY, WALTER D
Address: 5595 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: AT ( ) Delete
Name: CULP, W. STEVEN
Address: 5595 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: NESTOR, KURT A
Address: 5595 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER D. BAY SD 05/12/2005

Electronic Signature of Signing Officer or Director Date