FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 03, 2002 8:00 am Secretary of State

DOCUMENT # 206426				05-03-2002 90142 001 ***395.00	
1. Entity Na		•	j		
HARTSE	L RANCH CORPORATION				
					
	DO NOT WOITE	IN THIC	CDAOE		
•	DO NOT WRITE	IN THIS	SPACE		. •
2. Principal Place of Business		3. Mailing Address		-	
140 SOUTH DEARBORN STREET Suite, Apt. #, etc.		140 SOUTH DEARBORN STREET			
SUITE 1100		Suite, Apt. #, etc. SUITE 1100		DO NOT WRITE IN THIS SPACE	
City & State CHICAGO, ILLINOIS		City & State		4. FEI Number	Applied For
Zip	Country	CHICAGO, ILL		59-1010067	Not Applicabl
60603	USA	Zip 60603	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registere	•
	DO MOT W		Name STEVEN COHE	ZN .	
DO NOT WRITE			Street Address	s (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	625 N. FLAG	SLEK DRIVE	
			SUITE 700	•	
			WEST PALM B	EACH FL	Zip Code 33401
9. This corpo	Signature, typed or printed name of registered agent an praction is eligible to satisfy its Intangible	January	(NOTE: Registered Agent signature require	ed which reinstating) DATE	
Tax filing requirement and elects to do so.		After Ame	May 1, Fee is \$550.00 nded UBR is \$61.25 ayable to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS			··-
TITLE NAME	VD MINTZ, JOSHUA J.		TITLE		
STREET ADDRESS .	RESS 140 SOUTH DEARBORN ST., STE. 1100		NAME STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL 60603		CITY+SI-ZIP		•
TITLE	VS		TITLE		
NAME STREET ADDRESS	CHERNOFF, DAVID S. 140 SOUTH DEARBORN ST., STE. 1100		NAME - I		
CITY-ST-ZIP	CHICAGO IL 60603	311. 1100	STREET ADDRESS CITY-SI-ZIP		
TITLE	PD	·	TITLE		<u> </u>
NAME	HUTTON, LYN 140 SOUTH DEARBORN ST.,	STF 1100	NAME		
STREET ADDRESS CITY - ST - ZIP	CHICAGO II GOGOS		STREET ADDRESS	CITY-ST-ZIP DO NOT WRI	
TITLE	TD		TITLE		
NAME [YANCHURA, MARC		NAME	IN THIS SPAC	Œ
STREET ADDRESS	140 SOUTH DEARBORN ST., S CHICAGO IL 60603	STE. 1100	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>
TITLE			TITLE		
STREET ADDRESS			STREET ADDRESS		•
CITY - ST - ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TILE NAME	•		TETLE		
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	•	
3. I hereby co- indicated co- of the corp	ertify that the information supplied with the or this report or supplemental report is to coration or the receiver or trustee empower.	is filing does not qualifue and accurate and the does not be does not do so the	y for the exemption stated in Sec at my signature shall have the s eport as required by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further certi same legal effect as if made under oath; that I ar 17, Florida Statutes; and that my name appears	fy that the information in an officer or director in Block 11 or on an

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 Date

(312) 726-8000