

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90005 022 \*\*\*\*61.25

DOCUMENT # F00000005131

1. Entity Name  
WINDSOR COMMONS SHOPPING CENTER, INC.



Principal Place of Business  
101 CALIFORNIA STREET, 26 FLOOR  
SAN FRANCISCO, CA 94111-5853

Mailing Address  
875 N. MICHIGAN AVE., 41 FLOOR  
CHICAGO, IL 60611-1901

40015629



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
33-0924629

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPPE, STEPHEN M 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 941115833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPIS, DARRELL 8875 N MICHIGAN AVE 41ST FL CHICAGO, IL 60611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MELKUS, PAUL A 875 NORTH MICHIGAN AVE, 41 FLOOR CHICAGO, IL 60611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA STREET, 26 FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPPE, STEPHEN M 101 CALIFORNIA STREET, 26 FLOOR SAN FRANCISCO, CA 941115853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPS MCCLINTOCK, SUSAN E 875 N. MICHIGAN AVE. - 41ST FL CHICAGO, IL 60611	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Campos, Darrell J. 875 N. Michigan Ave., 41st Flr. Chicago, IL 60611-1901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director./ President Cook, Robert J. 875 N. Michigan Ave., 41st Flr. Chicago, IL 60611-1901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP & Secretary McClintock, Susan E. 875 N. Michigan Ave., 41st Flr. Chicago, IL 60611-1901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Susan E. McClintock Susan E. McClintock, VP & Sec. 1/24/2007 312-266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #