FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90457 029 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03000003468

1. Entity Name

TR CROWNPOINTE CORP.

24073672

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1201 North Clark Street	c/o Deno Varlas 1201 North Clark Street
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Chicago, IL	City & State Chicago, IL
Zip / Country 60610-2270 / USA	Zip / Country 6061002270 / USA

4. FEI Number 20-0086889 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman and Director Terry McKay 1201 N. Clark Street, Ste. 300 Chicago, IL 60610-2270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Thomas B. Rosenberg 1201 N. Clark Street, Ste. 300 Chicago, IL 60610-2270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Thomas J. Pabian 1201 N. Clark Street, Ste. 300 Chicago, IL 60610-2270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer Deno T. Varlas 1201 N. Clark Street, Ste. 300 Chicago, IL 60610-2270
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deno T. Varlas, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #