


2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-25-2008 90037 035 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000004516					
1. Entity Name SDC RETAIL COUNTRY CLUB PLAZA - FL, INC.					
Principal Place of Business 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 94111-5853			Mailing Address 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 94111-5853		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0879482	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS MCCLINTOCK, SUSAN E <input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	875 NORTH MICHIGAN AVENUE, 41ST FLOOR		NAME	Saunders, Joseph	
STREET ADDRESS	CHICAGO, IL 606111901		STREET ADDRESS	875 N. Michigan Ave. 41st Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, Illinois 60611-1901	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCAULIFFE, BRIAN E		NAME		
STREET ADDRESS	875 NORTH MICHIGAN AVENUE, 41ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606111901		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, DARRELL J		NAME		
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASELLINI, MARLENA M		NAME		
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEINBERG, PETER F		NAME		
STREET ADDRESS	280 PARK AVENUE, 40TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100171270		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, WILLIAM T		NAME		
STREET ADDRESS	280 PARK AVENUE, 40TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100171270		CITY-ST-ZIP		
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 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: <i>Susan E. McClintock</i>			SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312-266-9300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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