

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90007 014 \*\*\*550.00

**DOCUMENT #** F94000003983

1. Entity Name

SNOWBIRDLAND VISTAS, INC.

**Principal Place of Business**  
 c/o Jennifer Usher  
 Two North Riverside Plaza  
 Suite 800  
 Chicago, Illinois 60606

**Mailing Address**  
 Same

**2. Principal Place of Business**  
 c/o Jennifer Usher

**3. Mailing Address**  
 c/o Jennifer Usher

Suite, Apt. #, etc.  
 Suite 800

Suite, Apt. #, etc.  
 Suite 800

City & State

City & State

**4. FEI Number** 36-3967305

Applied For  
 Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired**

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Lexis Document Services, Inc.  
 3953 W.W. Kelley Road  
 Tallahassee, FL 32311

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.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input type="checkbox"/> Delete Arthur A. Greenberg Two North Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP/Treasurer <input type="checkbox"/> Delete Susan Obuchowski Two North Riverside Plaza #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Judy Pultorak Two North Riverside Plaza #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Vice President <input type="checkbox"/> Delete Genevieve Schultz Two North Riverside Plaza #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VP/Secretary <input type="checkbox"/> Delete Jennifer Usher Two North Riverside Plaza #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jennifer Usher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/5/01 (312) 279-1436*  
 Date Digital Print

A0074287

DO NOT WRITE IN THIS SPACE

06/20/01 14:17:00