

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90019 042 \*\*\*150.00

**DOCUMENT # F97000000303**

1. Entity Name  
**RBG XLVIII CORP.**

Principal Place of Business <b>154 WEST HUBBARD ST.          SUITE 250          CHICAGO IL 60610</b>	Mailing Address <b>154 WEST HUBBARD ST.          SUITE 250          CHICAGO IL 60610</b>
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **36-4221375** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

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
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CV	<input type="checkbox"/> Delete
NAME	<b>BLOCK, BRUCE H</b>	
STREET ADDRESS	<b>154 WEST HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GOLDFINE, ROBERT S</b>	
STREET ADDRESS	<b>154 WEST HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	<b>ROSS, ROBERT-S</b>	
STREET ADDRESS	<b>154 WEST HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bruce H Block* **BRUCE H. Block** Date 2/7/01 Daytime Phone # 312-464-0100

CR2E034 (10/00)