2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000004923

Entity Name
 SDC LATITUDES AT THE MOORS, INC.



Principal Place of Business

ATTN: S. MCCLINTOCK 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 60611-1901 Mailing Address

ATTN: S. MCCLINTOCK 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 60611-1901

FILED Jan 25, 2008 8:00 am Secretary of State

01-25-2008 90037 038 ***150.00

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No Chg-P

CR2E034 (11/05)

Daytime Phone #

4. FEI Number 94-3340629

_SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312/266-9300

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 ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			· <u>÷</u>		
TITLE ,	RX VICE PRESIDENT COOK, ROBERT J					
STREET ADDRESS	875 NORTH MICHIGAN AVE., 41ST FLOOR					
CITY-ST-ZIP	CHICAGO, IL 606111901					
TITLE	VPS					
NAME	MCCLINTOCK, SUSAN E					
STREET ADDRESS	100000000000000000000000000000000000000					
CITY-ST-ZIP	CHICAGO, IL 606111901					
TITLE	VP					
NAME	CAMPOS, DARRELL J					
STREET ADDRESS				DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP	CHICAGO, IL 606111901					
TITLE	VP					
NAME	MELKUS, PAUL A				THIS OF AGE	
STREET ADDRESS						
CITY-ST-ZIP	CHICAGO, IL 606111901					
TITLE	T				•	
NAME	CASSELLINI, MARLENA M					
STREET ADDRESS	101 CALIFORNIA ST 26 FLOOR					
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853					
TITLE 3	DIRECTOR & PRESIDENT					
NAME	BRIAN E. MCAULIFFE					
STREET ADDRESS	0/5 N. MICHIGAN AVE., 4131 FE					
CITY-ST-ZIP	CHICAGO, IL 60611-1901			* *	to a key to the second of the	
12. I hereby certify that the information supplied with this filling 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.						