

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90053 028 ****61.25

DOCUMENT # N92000000312

1. Entity Name
CYPRESS POINT HOLDING CORP.

Principal Place of Business
**% LASALLE INVESTMENT MANAGEMENT, INC.
200 E. RANDOLPH DR.
CHICAGO IL 60601**

Mailing Address
**% LASALLE INVESTMENT MANAGEMENT, INC. *MIA DE*
200 E. RANDOLPH DR.
CHICAGO IL 60601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 4322

City & State

City & State

4. FEI Number
59-3153068

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

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **MORRILL, WILLIAM K JR.**
STREET ADDRESS **100 EAST PRATT STREET, SUITE 2030**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **DUKE, GEORGE W**
STREET ADDRESS **100 EAST PRATT STREET, SUITE 2030**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GILBERT, PETER M**
STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**
CITY-ST-ZIP **HARRISBURG PA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **KALMAN, DAVID J**
STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**
CITY-ST-ZIP **HARRISBURG PA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **DONLEVY, FRANCIS J**
STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**
CITY-ST-ZIP **HARRISBURG PA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

George W. Duke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Duke
Principal

2/6/02
Date

410 307 0665
Daytime Phone #

CR2E037 (9/01)