


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90140 029 ****61.25

DOCUMENT # N92000000312

1. Entity Name
CYPRESS POINT HOLDING CORP.



Principal Place of Business Mailing Address

% LASALLE INVESTMENT MANAGEMENT, INC. **C/O MIA DELGADO**
200 E. RANDOLPH DR. **200 E. RANDOLPH DR., STE. 4322**
CHICAGO IL 60601 **CHICAGO IL 60601**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRILL, WILLIAM K JR.	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUKE, GEORGE W	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, PETER M	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALMAN, DAVID J	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONLEVY, FRANCIS J	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: **SIGNATURE REQUIRED GEORGE W. DUKE 3/24/03 40-347-0605**

CR2E037 (10/02)