2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N95000001093

Entity Name: WOOLBRIGHT PLACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 65-0563303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZOOK, STUART
Address: 6400 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: V ( ) Delete
Name: BEIHOFFER, DENISE
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: S ( ) Delete
Name: SHUMAN, BARBARA
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: LAPELLE, MICHELLE
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE LAPELLE S 02/12/2008

Electronic Signature of Signing Officer or Director — Date