

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90306 022 \*\*\*150.00

DOCUMENT # P98000074973

1. Entity Name  
278 POST STREET, INC.



Principal Place of Business  
1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE, FL 32308

Mailing Address  
1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE, FL 32308

94049519



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3532176

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

TODD, DAVID E  
1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE, FL 32308

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVAS ☐ Delete  
NAME SMITH, JEFFERY L  
STREET ADDRESS 1801 HERMITAGE BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VT ☐ Delete  
NAME SMITH, ROGER E  
STREET ADDRESS 180 N LASALLE ST  
CITY-ST-ZIP CHICAGO, IL 60601

TITLE V ☒ Delete  
NAME BURDI, THOMAS M  
STREET ADDRESS 1801 N LASALLE STREET  
CITY-ST-ZIP CHICAGO, IL 60601

TITLE DVAT ☐ Delete  
NAME GRAY, LYNNE M  
STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VS ☐ Delete  
NAME MCCARTHY, THOMAS  
STREET ADDRESS 180 N. LASALLE STREET  
CITY-ST-ZIP CHICAGO, IL 60601

TITLE D ☐ Delete  
NAME BENNETT, DOUGLAS W  
STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600  
CITY-ST-ZIP TALLAHASSEE, FL 32308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 191 N. Wacker Drive, Suite 2500  
CITY-ST-ZIP Chicago, IL 60606

TITLE ☐ Change ☒ Addition  
NAME VAS  
STREET ADDRESS Anthony M. Ferrante  
CITY-ST-ZIP 191 N. Wacker Drive, Suite 2500  
Chicago, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 191 N. Wacker Dr., Suite 2500  
CITY-ST-ZIP Chicago, IL 60606

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 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.

SIGNATURE: *Roger E. Smith* *Roger E. Smith, VP/Treasurer* 4/7/04 (312) 855-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #