

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90347 047 \*\*\*150.00

0613000 AV

**DOCUMENT # F00000000521**

1. Entity Name  
**TMT LAKERIDGE 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3346457**

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

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

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **COOK, ROBERT J**  
STREET ADDRESS **1473 CANTIGNY WAY**  
CITY-ST-ZIP **WHEATON IL 60187**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **875 North Michigan Avenue, 41st Floor**  
CITY-ST-ZIP **Chicago, Illinois 60611-1901**

TITLE **V** ☐ Delete  
NAME **COLE, ELIZABETH S**  
STREET ADDRESS **320 PARK AVE STE 1700**  
CITY-ST-ZIP **NEW YORK NY 10022-6815**

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

TITLE **V** ☒ Delete  
NAME **MURPHY, JEAN-MARIE T**  
STREET ADDRESS **320 PARK AVE STE 1700**  
CITY-ST-ZIP **NEW YORK NY 10022-6815**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Marlena M. Casellini**  
CITY-ST-ZIP **875 N. Michigan Avenue, 41 Floor**

TITLE **ST** ☐ Delete  
NAME **FERKULL, PAULA M**  
STREET ADDRESS **875 N. MICHIGAN AVE., 41ST FL.**  
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **LEITNER, CHARLES B III**  
STREET ADDRESS **320 PARK AVE STE 1700**  
CITY-ST-ZIP **NEW YORK NY 10022-6815**

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

TITLE **V** ☐ Delete  
NAME **STEPPE, STEPHEN M**  
STREET ADDRESS **101 CALIFORNIA ST 26TH FLOOR**  
CITY-ST-ZIP **SAN FRANCISCO CA 94111-5853**

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:** *Paula M. Ferkull* **REQUIRED Paula M. Ferkull, Secretary 03-31-03 312-266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9300**

CR2E034 (10/02)