

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000078713

**Entity Name:** ASTORIA CENTRAL PARK WEST, INC.

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC2022597138**

**Current Principal Place of Business:**

1801 HERMITAGE BLVD, SUITE 100  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

191 N WACKER DRIVE  
SUITE 2500  
CHICAGO, IL 60606 US

**FEI Number:** 46-3713396

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title D  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BLVD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name TAYLOR, LAMAR  
Address 1801 HERMITAGE BLVD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HAZEN, MAUREEN  
Address 1801 HERMITAGE BLVD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT  
Name TOGNARELLI, MAURY R  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & SECRETARY  
Name MCCARTHY, THOMAS D  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & ASSISTANT  
SECRETARY  
Name KURNICK, KAREN  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VP, TREASURER  
Name CHRISTENSEN, LAWRENCE J  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VP, ASST. TREASURER  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BLVD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

**Continues on page 2**

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS D MCCARTHY

**VICE PRESIDENT &  
SECRETARY**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BURLAK, DAVE  
Address 1801 HERMITAGE BLVD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308