

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074973

Entity Name: 278 POST STREET, INC.**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**FEI Number:** 59-3532176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 P
Name TOGNARELLI, MAURY R
Address 191 N. WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

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

Title VAS
Name HUDGINS, MARK
Address 191 N. WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD, STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VS
Name MCCARTHY, THOMAS
Address 191 N. WACKER DR., SUITE 2500
City-State-Zip: CHICAGO IL 60606

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

Title D
Name HAZEN, MAUREEN M
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

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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: MARK S. HUDGINS

VICE PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VAS
Name	BOLLMAN, TED
Address	1801 HERMITAGE BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308