

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006956

Entity Name: CHANCELLORY BUSINESS PARK, LLC**Current Principal Place of Business:**1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE, FL 32308**Current Mailing Address:**191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US**FEI Number:** 59-3606993**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**Authorized Person(s) Detail :**

Title VS
Name MCCARTHY, THOMAS D
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 FERRANTE, ANTHONY
Address 191 N WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BOULEVARD,
SUITE 600
City-State-Zip: TALLAHASSEE FL 32308

Title VAS
Name BOLLMAN, TED
Address 1801 HERMITAGE BOULEVARD,
SUITE 600
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM
Name STATE BOARD OF ADMINISTRATION
OF FLORIDA
Address 1801 HERMITAGE BOULEVARD,
SUITE 600
City-State-Zip: TALLAHASSEE FL 32308

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

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS D. MCCARTHY**VP & SECRETARY****04/15/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date