

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001654

**Entity Name:** SB ASSOCIATES MANAGEMENT CO.

**Current Principal Place of Business:**

222 N LASALLE ST STE 1000  
CHICAGO, IL 60601

**Current Mailing Address:**

222 N LASALLE ST STE 1000  
CHICAGO, IL 60601

**FEI Number: 36-4232744**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
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            PRESIDENT, DIRECTOR  
Name            CROWN, WILLIAM H.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP, SECRETARY  
Name            RUBIN, DAVID M.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP, TREASURER  
Name            CANMANN, MICHAEL S.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            DIRECTOR  
Name            CROWN, JAMES S.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            BAILEY, MARVIN  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            FRANKIEWICZ, THERESA O.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            FLYNN, MAUREEN  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            WEBER, CRAIG B.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

**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: BRIAN A. GILBERT**

**ASSISTANT SECRETARY    04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name MAYS, JOHN H.  
Address 222 N. LASALLE ST.  
STE. 800  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name CROWN, A. STEVEN  
Address 222 N LASALLE ST STE 2000  
City-State-Zip: CHICAGO IL 60601

Title ASST. SECRETARY  
Name GILBERT, BRIAN B.  
Address 222 N LASALLE ST STE 800  
City-State-Zip: CHICAGO IL 60601

Title CONTROLLER, ASST. SECRETARY  
Name NETTINA, PAUL L.  
Address 222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601