

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001654

**FILED**  
**Jul 03, 2013**  
**Secretary of State**  
**CC6401544554**

**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  
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           VP  
Name           GOODMAN, CHARLES H.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title           VP  
Name           SOBOTA, JOHN J.  
Address        222 N LASALLE ST STE 1000  
City-State-Zip: CHICAGO IL 60601

Title           VP  
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

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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: BRIAN B. GILBERT**

**ASST. SECRETARY**

**07/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name FLYNN, MAUREEN  
Address 222 N LASALLE ST STE 1000  
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

Title ASST. SECRETARY  
Name GILBERT, BRIAN B.  
Address 222 N LASALLE ST STE 800  
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

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