

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000000109

**Entity Name:** TR AVENUES CORP.

**Current Principal Place of Business:**

191 N. WACKER DRIVE, SUITE 2500  
CHICAGO, IL 60606

**Current Mailing Address:**

191 N. WACKER DRIVE, SUITE 2500  
CHICAGO, IL 60606 US

**FEI Number: 36-3908645**

**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 VPASD, DIRECTOR  
Name HOGAN, LAUREN D  
Address 191 N. WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title PSTD  
Name BOSS, JENNIFER L.  
Address 191 N. WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VPAS  
Name EDELMAN, HOWARD J  
Address 191 N. WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VPAS  
Name KELLY, THOMAS P  
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 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: LAUREN D. HOGAN**

**VICE PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date