


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 767057	
1. Entity Name CANTERBURY AT THE CROSSINGS, INC.	

Principal Place of Business 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068-4551	Mailing Address 6954 AMERICANA HIGHWAY REYNOLDSBURG, OH 43068-4551
--	--



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3041567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000091010
03/17/04-80042-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD TRAGER, MARK TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VASD DUNCK, SHELLEY L TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VASD RAHAL, YASMINA TWO NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James H. H. VP 2/16/04 614-575-5792