## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # 831514 1. Entity Name LEADERSHIP HOUSING, INC. 05-14-2002 90283 040 \*\*\*150.00 Principal Place of Business Mailing Address 200 W. MADISON 200 W. MADISON STE 3700 STE 3700 CHICAGO IL 60606 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1291258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIBE ☐ Delete TITLE Vice President ☐ Change ★ J Addition POORMAN, JOHN, KEVIN NAME Kevin D. Lynch NAME 200 W. Madison St., Suite 3700 200 W MADISON ST STE 3700 STREET ADDRESS STREET ADDRESS Chicago, IL 60606 CITY-ST-ZIP CHICAGO IL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GLUTH, ROBERT C. NAME STREET ADDRESS 225 W. WASHINGTON ST. STREET ADDRESS CITY-ST-7IP CHICAGO IL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRITZKER, PENNY NAME STREET ADDRESS 200 W MADISON ST STE 3700 STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition COHEN, ROBBIN NAME NAME STREET ADDRESS 200 W MADISON ST STE 3700 STREET ADDRESS CITY-ST-ZIF CHICAGO IL CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition NAME PANZER, SUSAN B NAME STREET ADDRESS 200 W MADISON ST 36TH FL STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach ent with an address, with all other like empowered John Kevin Poorman

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

(312) 920-2400

Daytime Phone #