

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848374

Entity Name

- PROPERTIES THREE, INC.

FILED
May 10, 2000 8:00 a
Secretary of State

05-10-2000 90174 043 ***150.00

Principal Place of Business

Mailing Address

WACKER
 IL 60606

110 N. WACKER
 CHICAGO IL 60606-1511
 US

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3073571

Applied For
 Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

If corporation is eligible to satisfy its intangible
 filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MICHAELS, ROBERT		NAME	
110 N. WACKER		STREET ADDRESS	
CHICAGO IL 60606		CITY-ST-ZIP	
DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FREIBAUM, BERNARD		NAME	
110 N. WACKER		STREET ADDRESS	
CHICAGO IL 60606		CITY-ST-ZIP	
DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
BUCKSBAUM, JOHN		NAME	
110 N. WACKER		STREET ADDRESS	
CHICAGO IL 60606		CITY-ST-ZIP	
V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BATESOLE, JON		NAME	
110 N. WACKER		STREET ADDRESS	
CHICAGO IL 60606		CITY-ST-ZIP	
VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GERN, RONALD		NAME	
110 N. WACKER		STREET ADDRESS	
CHICAGO IL 60606		CITY-ST-ZIP	
S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EISENBERG, MARSHALL		NAME	
2 N LASALLE STE. 2200		STREET ADDRESS	
CHICAGO IL 60602		CITY-ST-ZIP	

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
 furnished 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
 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD FREIBAUM

4-18-00

Date

(312) 960-5205

Daytime Phone #

CR2E034 (9/99)