PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B00000000343

FILED

02 JUL 26 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

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-07/26/02--01011--011
****770.00 ****770.00

DOCUMENT # B00000000343

1. Name of Limited Partnership

HEAD ACQUISITION, L.P.

2. Principal Office Address		**3.** Mailing Office Address	
900 N. Michigan Ave.		900 N. Michigan Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1500		Suite 1500	
City & State		City & State	
Chicago, IL		Chicago, IL	
Zip	Country	Zip	Country
60611	USA	60611	USA

4. Date Formed or Registered To Do Business in Florida 11-3-00

5. FEI Number 36-4391611 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $0.00

7b. Amount of Capital Contributions in FLORIDA to date: $17,322,699 (12/31/01)

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

CR2E039 (9/01)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**10a.** Registration Document Number
HEXALON REAL ESTATE, INC.	900 N. Michigan Ave. Suite 1500	Chicago, IL 60611	F00000006014

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***1282.50 ***1282.50

REINSTATEMENT 01-02

FF #2052.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 6/25/02

Typed or Printed Name of General Partner Signing Form Michael G. Hilborn Telephone Number 312-915-3483

FILED

02 JUL 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 5, 2002

MICHAEL HILBORN
900 NORTH MICHIGAN AVENUE, SUITE 1500
CHICAGO, IL 60611

SUBJECT: HEAD ACQUISITION, L.P.
Ref. Number: B00000000343

We have received your document for HEAD ACQUISITION, L.P. and check(s) totaling $3032.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of $770.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee supplemental affidavit is $1750.00 and the reinstatement fee is $2052.50. A total of $3802.50.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 702A00042190