

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 043 ***150.00

DOCUMENT # F00000002657 1. Entity Name MARQUESA APT. CORP.			
Principal Place of Business 180 NORTH LASALLE CHICAGO, IL 60601		Mailing Address 180 NORTH LASALLE CHICAGO, IL 60601	
2. Principal Place of Business 191 N. Wacker Drive Suite, Apt. #, etc. 2500		3. Mailing Address 191 N. Wacker Drive Suite, Apt. #, etc. 2500, c/o Gail Carey	
City & State Chicago, Illinois Zip 60606		City & State Chicago, Illinois Zip 60606	
Country USA		Country USA	
4. FEI Number 36-4366941		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAWCETT, DWIGHT 180 NORTH LASALLE CHICAGO, IL 60601	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDELMAN, HOWARD J 180 NORTH LASALLE CHICAGO, IL 60601	<input type="checkbox"/> Delete	191 N. Wacker Dr., Suite 2500 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATZ, STUART 180 NORTH LASALLE CHICAGO, IL 60601	<input type="checkbox"/> Delete	191 N. Wacker Dr., Suite 2500 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ROGER 180 NORTH LASALLE CHICAGO, IL 60601	<input type="checkbox"/> Delete	191 N. Wacker Dr., Suite 2500 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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 empowerments.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/15/04 Dattime Phone #: (312) 855-5700	