

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90110 038 ***550.00

DOCUMENT # F00000003727

1. Entity Name
ERP-QRS OAKLAND HILLS, INC.



Principal Place of Business
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO IL 60606

2. Principal Place of Business

Two N. Riverside Plaza, Ste 400

Suite, Apt. #, etc.

Attn: Barbara Shuman

City & State

Chicago, IL

Zip

60606

Country

COOK

3. Mailing Address

Suite, Apt. #, etc.

Attn: Barbara Shuman

City & State

Zip

60606

Country

COOK



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4377273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VAS** ☐ Delete
NAME **BAGINSKI, WENDY**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VAS** ☐ Delete
NAME **DUWE, YASMINA**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VAS** ☐ Delete
NAME **MATZ, JANE**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **V** ☐ Delete
NAME **PARRELL, MARK**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **VAS** ☒ Delete
NAME **RENCH, JENNIFER**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **V** ☐ Delete
NAME **TRAGER, MARK**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**
CITY-ST-ZIP **CHICAGO IL 60606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAS** ☐ Change ☒ Addition
NAME **JEANINE LOZANO**
STREET ADDRESS **TWO N. Riverside Plaza**
CITY-ST-ZIP **Chgo, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE: *JEANINE LOZANO* **JEANINE LOZANO**, 8-7-03 312-474-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)