

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90028 017 \*\*\*150.00

<b>DOCUMENT # F00000005762</b> 1. Entity Name <b>TMT POINTE AT CRYSTAL LAKE, INC.</b>					
Principal Place of Business <b>101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111-5853</b>			Mailing Address <b>875 NORTH MICHIGAN AVENUE 41 FLOOR CHICAGO, IL 60611</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>STEEPE, STEPHEN M</b> 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Steppe, Stephen M. - VP</b> 101 California Street, 26 <sup>th</sup> Flr. San Francisco, CA 941115853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>COOK, ROBERT J</b> 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>McClintock, Susan E. - AVP &amp; S</b> 875 N. Michigan Ave, 41 <sup>st</sup> Flr. Chicago, IL 606111901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>FERKULL, PAULA M</b> 875 N. MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 60611 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Melkus, Paul A. - VP</b> 875 N. Michigan Ave, 41 <sup>st</sup> Flr Chicago, IL 606111901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>KACHADURIAN, GARY T</b> 875 N. MICHIGAN AVE. 41ST. FLR CHICAGO, IL 606111901 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Casellini, Marlana M. - T</b> 101 California Street, 26 <sup>th</sup> Flr. San Francisco, CA 941115853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>KING, DONALD A JR.</b> 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 606111901 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>COLE, ELIZABETH S</b> 1815 NORTH DAYTON STREET CHICAGO, IL 60611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					