

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 037 ***150.00

DOCUMENT # F00000005762

1. Entity Name
TMT POINTE AT CRYSTAL LAKE, INC.



Principal Place of Business
**101 CALIFORNIA STREET, 26TH FLOOR
SAN FRANCISCO, CA 94111-5853**

Mailing Address
**101 CALIFORNIA STREET, 26TH FLOOR
SAN FRANCISCO, CA 94111-5853**

70040401



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		94-3366657		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Chicago, Illinois		Chicago, Illinois		<input type="checkbox"/>			
Zip	Country	Zip	Country				
60611	U.S.A.						

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEEPE, STEPHEN M			NAME			
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, ROBERT J			NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVENUE, 41ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERKULL, PAULA M			NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KACHADURIAN, GARY T			NAME			
STREET ADDRESS	875 N. MICHIGAN AVE. 41ST. FLR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, DONALD A JR.			NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVE., 41ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLE, ELIZABETH S			NAME	Marlena M. Casellini		
STREET ADDRESS	1815 NORTH DAYTON STREET			STREET ADDRESS	101 California Street, 26th Floor		
CITY-ST-ZIP	CHICAGO, IL 60611			CITY-ST-ZIP	San Francisco, CA 94111-5853		

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: *Paula M. Ferkull* Paula M. Ferkull, Secretary 03-31-03 312-266-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9300

CR2E034 (10/02)