

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

1 of 2

02 JUL 29 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F01000002167  
1. Entity Name  
**Refco-Properties, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**200 W. Madison**  
Suite, Apt. #, etc.  
**41st Floor**

3. Mailing Address  
**200 W. Madison**  
Suite, Apt. #, etc.  
**41st Floor**

DO NOT WRITE IN THIS SPACE

City & State  
**Chicago, IL**

City & State  
**Chicago, IL**

4. FEI Number  
**36-2932174**

Applied For  
 Not Applicable

Zip  
**60606**

Country  
**USA**

Zip  
**60606**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City  
**Tallahassee** **FL** Zip Code  
**32301**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP Pritzker, Thomas J.**  
**200 W. Madison**  
**Chicago, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVST Handelsman, Harold S.**  
**200 W. Madison**  
**Chicago, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**500006726705**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V Hays, Sara**  
**200 W. Madison**  
**Chicago, IL 60606**

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X HS Handelsman 7/25/02 312-750-8162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Harold S. Handelsman, VP, Secy. & Treasurer** Date Daytime Phone #

CR2E034B (12/01)

Attachment

22  
Fol00002167



ACCOUNT NO. : 072100000032

REFERENCE : 680455 4322610

AUTHORIZATION : Patricia Figueira

COST LIMIT : \$ 550.00

ORDER DATE : July 26, 2002

ORDER TIME : 10:55 AM

ORDER NO. : 680455-055

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Black  
Hyatt Hotels Corporation  
200 West Madison Street

Chicago, IL 60606

ANNUAL REPORT FILING

NAME: REFCO-PROPERTIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 JUL 29 AM 11:39

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