


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
05 APR 28 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> F01000002168	
<b>1. Entity Name</b> TORVAN TENANT, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 71 SOUTH WACKER DRIVE Suite, Apt. #, etc. 14TH FLOOR City & State CHICAGO, ILLINOIS Zip 60606 Country USA	<b>3. Mailing Address</b> 71 SOUTH WACKER DRIVE Suite, Apt. #, etc. 14TH FLOOR City & State CHICAGO, ILLINOIS Zip 60606 Country USA
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 36-4048180	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street	
	City Tallahassee	FL Zip Code 32301-2525

**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 submitting) **DATE** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D P Douglas Geoga 71 S. Wacker Drive, 14th Fl. Chicago, IL 60606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	800052633738
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS Harold S. Handelsman 71 S. Wacker Drive, 14th Fl. Chicago, IL 60606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VT Kirk Rose 71 S. Wacker Drive, 14th Fl. Chicago, IL 60606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V Christine Maki 71 S. Wacker Dr., 14th Fl. Chicago, IL 60606	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Kirk Rose** 4/25/05  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. Roberts** APR 28 2005

CR2E034B (1/2/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 342203 -4322610

AUTHORIZATION : *Patricia K. [Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 11:29 AM

ORDER NO. : 342203-005

CUSTOMER NO: 4322610

CUSTOMER: Laura Geis  
Hyatt Hotels Corporation  
14th Floor  
71 S. Wacker Drive  
Chicago, IL 60606

ANNUAL REPORT FILING

NAME: TORVAN TENANT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
05 APR 28 PM 1:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA