

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90174 013 \*\*\*150.00

**DOCUMENT #** F01000002168

1. Entity Name

Torvan Tenant, Inc.



**DO NOT WRITE IN THIS SPACE**

**11009788**

2. Principal Place of Business  
200 West Madison Street

3. Mailing Address  
200 West Madison Street

Suite, Apt. #, etc.  
41st Floor

Suite, Apt. #, etc.  
41st Floor

City & State  
Chicago, IL

City & State  
Chicago, IL

4. FEI Number  
36-4048180

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 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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P/D  
Geoga, Douglas  
200 West Madison Street  
Chicago, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V/S/D  
Handelsman, Harold S.  
200 West Madison Street  
Chicago, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V/T  
Rose, Kirk  
200 West Madison Street  
Chicago, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
Maki, Christine  
200 West Madison Street  
Chicago, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
Bloom, Barry  
200 West Madison Street  
Chicago, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk Rose, VP & Treasurer

4-11-03

312-750-8162

Daytime Phone #

CR2E034B (12/02)