

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 009 ***150.00

DOCUMENT # F01000002962

1. Entity Name
TBC IV, INC.



Principal Place of Business
9399 WEST HIGGINS ROAD, SUITE 600
ROSEMONT, IL 60018

Mailing Address
9399 WEST HIGGINS ROAD, SUITE 600
ROSEMONT, IL 60018

94033493



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-P

CR2E034 (10/03)

4. FEI Number
36-4189529

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME HARRINGTON, KEVIN L
STREET ADDRESS 9399 WEST HIGGINS ROAD, SUITE 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE V ☐ Delete
NAME SAFRAN, PAUL JR.
STREET ADDRESS 630 U.S. HIGHWAY ONE, SUITE 300
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE S ☐ Delete
NAME KRAKOWSKI, MARY F
STREET ADDRESS 9399 WEST HIGGINS ROAD, SUITE 600
CITY-ST-ZIP ROSEMONT, IL 60018

TITLE D ☐ Delete
NAME SAFRAN, JR., PAUL
STREET ADDRESS 7711 N. MILITARY TRAIL, SUITE 200
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE DEVP ☐ Delete
NAME VANDAMME, KEITH A
STREET ADDRESS 5595 TRILLIUM BOULEVARD
CITY-ST-ZIP HOFFMAN ESTATES, FL 60192

TITLE AS ☐ Delete
NAME CASIERI, AMY B
STREET ADDRESS 9399 WEST HIGGINS BLVD, SUITE 600
CITY-ST-ZIP ROSEMONT, IL 60018

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

Mary F. Krakowski

Mary F. Krakowski

3/19/04

(847) 685-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #