
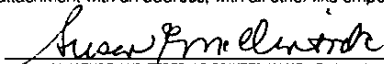


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90028 016 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # F01000004911</b><br>1. Entity Name<br><b>CB KENDALL MALL, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>101 CALIFORNIA STREET, 26TH FLOOR<br/>SAN FRANCISCO, CA 94111-5358</b>   |   |   | Mailing Address<br><b>875 N. MICHIGAN AVE.<br/>41 FLOOR<br/>CHICAGO, IL 60611</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   |  |  |
| Zip  | Country   | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>STEPPE, STEPHEN M<br/>101 CALIFORNIA STREET, 26TH FLOOR<br/>SAN FRANCISCO, CA 941115358</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Melkus, Paul A. - VP<br/>875 N. Michigan Ave, 41<sup>st</sup> Flr.<br/>Chicago, IL 606111901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>AS<br/>MCCLINTOCK, SUSAN E<br/>8975 N. MICHIGAN AVE 41ST FL<br/>CHICAGO, IL 606111901</b> <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Senko, Joseph R. - VP<br/>875 N. Michigan Ave, 41<sup>st</sup> Flr.<br/>Chicago, IL 606111901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>COOK, ROBERT J<br/>875 NORTH MICHIGAN AVE., 41ST FLOOR<br/>CHICAGO, IL 606111901</b> <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>McClintock, Susan E. - AVP &amp; S<br/>875 N. Michigan Ave, 41<sup>st</sup> Flr.<br/>Chicago, IL 606111901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>FERKULL, PAULA M<br/>875 N. MICHIGAN AVE., 41ST FLR.<br/>CHICAGO, IL 606111901</b> <input checked="" type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Casellini, Marlena M. - T<br/>101 California Street, 26<sup>th</sup> Flr.<br/>San Francisco, CA 941115853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>KACHADURIAN, GARY T<br/>875 NORTH MICHIGAN AVE., 41ST FLOOR<br/>CHICAGO, IL 606111901</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>KING, DONALD A JR.<br/>875 NORTH MICHIGAN AVE., 41ST FLOOR<br/>CHICAGO, IL 606111901</b> <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |  |  |
|  |   |   |   | <small>Date</small> _____ <small>Daytime Phone #</small> _____   |  |