
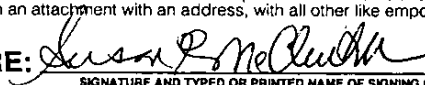


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90045 001 \*\*\*150.00

<b>DOCUMENT # F01000004911</b>					
<b>1. Entity Name</b> CB KENDALL MALL, INC.					
<b>Principal Place of Business</b> 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111-5358			<b>Mailing Address</b> 875 N. MICHIGAN AVE. 41 FLOOR CHICAGO, IL 60611		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 36-4447527				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>STEPPE, STEPHEN M</b> <input checked="" type="checkbox"/> Delete 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 941115358		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR &amp; PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TIMOTHY E. ELLSWORTH</b> 875 N. MICHIGAN AVE., 41ST. FL CHICAGO, IL 60611-1901	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPS</b> <input type="checkbox"/> Delete <b>MCCLINTOCK, SUSAN E</b> 875 N. MICHIGAN AVE., 41ST FLR CHICAGO, IL 606111901		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>COOK, ROBERT J</b> 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 606111901		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> Delete <b>MELKUS, PAUL A</b> 875 N. MICHIGAN AVE., 41ST FLR. CHICAGO, IL 606111901		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> Delete <b>SENKO, JOSEPH R</b> 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 606111901		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <input type="checkbox"/> Delete <b>CASELLINI, MARLENA M</b> 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 941115833		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b>  <b>SUSAN E. MCCLINTOCK, 01/04/08, 312/266-9300</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					