

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91065 035 \*\*\*150.00

**DOCUMENT # F01000004911**

1. Entity Name  
**CB KENDALL MALL, INC.**



Principal Place of Business  
101 CALIFORNIA STREET, 26TH FLOOR  
SAN FRANCISCO, CA 94111-5358

Mailing Address  
101 CALIFORNIA STREET, 26TH FLOOR  
SAN FRANCISCO, CA 94111-5358

2. Principal Place of Business

3. Mailing Address  
875 N. Michigan Avenue



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
Chicago, Illinois

4. FEI Number

**36-4447527**

Applied For

Not Applicable

Zip

Country

Zip

60611

Country

U.S.A.

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

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, 2003 Fee will be \$550.00  
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 PD ☐ Delete  
NAME STEPPE, STEPHEN M  
STREET ADDRESS 101 CALIFORNIA STREET, 26TH FLOOR  
CITY-ST-ZIP SAN FRANCISCO, CA 941115358

TITLE V ☐ Delete  
NAME BURGER, STEPHEN T  
STREET ADDRESS 320 PARK AVENUE, SUITE 1700  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE V ☐ Delete  
NAME COOK, ROBERT J  
STREET ADDRESS 875 NORTH MICHIGAN AVE., 41ST FLOOR  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE V ☒ Delete  
NAME KACHADURIAN, GARY T  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FLR.  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE V ☐ Delete  
NAME KACHADURIAN, GARY T  
STREET ADDRESS 875 NORTH MICHIGAN AVE., 41ST FLOOR  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE V ☐ Delete  
NAME KING, DONALD A JR.  
STREET ADDRESS 875 NORTH MICHIGAN AVE., 41ST FLOOR  
CITY-ST-ZIP CHICAGO, IL 606111901

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 Secretary Ferkull  
STREET ADDRESS Paula M. Ferkull  
CITY-ST-ZIP 875 N. Michigan Ave., 41 Fl  
Chicago, IL 60611

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 empowered.

SIGNATURE:

*Paula M. Ferkull*

Paula M. Ferkull, Secretary 03-31-03 212-266-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)