


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90094 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                              |                                                                                                                     |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F01000005881</b><br>1. Entity Name<br>SFERS REAL ESTATE CORP. BB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                              |                                                                                                                     |  |  |
| Principal Place of Business<br>875 NORTH MICHIGAN AVENUE, 41ST FLOOR<br>CHICAGO, IL 60611-1901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                              | Mailing Address<br>875 NORTH MICHIGAN AVENUE, 41ST FLOOR<br>CHICAGO, IL 60611-1901                                  |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                              | City & State                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             | Country                                                                      |                                                                                                                     | 4. FEI Number<br><b>36-4458570</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | <b>\$8.75 Additional Fee Required</b>                                        |                                                                                                                     |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                                              |                                                                                                                     |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <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>                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>STEPPE, STEPHEN M<br>101 CALIFORNIA STREET, 26TH FLOOR<br>CHICAGO, IL 606111901       | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>HUGHES, CHRISTOPHER L<br>875 N MICHIGAN AVE, 41ST FLOOR<br>CHICAGO, IL 606111901      | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>COOK, ROBERT J<br>875 NORTH MICHIGAN AVENUE, 41ST FLOOR<br>CHICAGO, IL 606111901      | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>LEITNER, CHARLES B III<br>320 PARK AVENUE, STE 1700<br>NEW YORK, NY 10022             | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>CASELLINI, MARLENA M<br>101 CALIFORNIA STREET, 26 FLOOR<br>SAN FRANCISCO, CA 941115853 | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>FERKULL, PAULA M<br>875 NORTH MICHIGAN AVENUE, 41ST FLOOR<br>CHICAGO, IL 606111901     | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>Stephen M. Steppe<br>101 California St., 26th Fl.<br>San Francisco, CA 94111           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>Robert J. Cook<br>875 N. Michigan Ave., 41st Fl.<br>Chicago, IL 60611-1901            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>Robert J. Cook<br>875 N. Michigan Ave., 41st Fl.<br>Chicago, IL 60611-1901            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                   |  |
| 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: <u>Robert J. Cook</u> Robert J. Cook, President 2/2/05 312-266-9300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                              |                                                                                                                     |                                                                                   |  |