

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90079 046 ***150.00

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1. Entity Name
SFERS, REAL ESTATE CORP. BB



Principal Place of Business
**875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 60611-1901**

Mailing Address
**875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 60611-1901**

60018276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number
36-4458570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **STEPPE, STEPHEN M**
CITY-ST-ZIP **101 CALIFORNIA STREET, 26TH FLOOR
SAN FRANCISCO, CA 94111**

TITLE ☒ Change ☐ Addition
NAME **Leitner, Charles B. - VP**
STREET ADDRESS **280 Park Ave, 40th Flr.**
CITY-ST-ZIP **New York, NY 100171270**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **HUGHES, CHRISTOPHER L**
CITY-ST-ZIP **875 N MICHIGAN AVE, 41ST FLOOR
CHICAGO, IL 606111901**

TITLE ☐ Change ☒ Addition
NAME **McClintock, Susan E. - AVP & S**
STREET ADDRESS **875 N. Michigan Ave, 41st Flr.**
CITY-ST-ZIP **Chicago, IL 606111901**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **COOK, ROBERT J**
CITY-ST-ZIP **875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 606111901**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **LEITNER, CHARLES B III**
CITY-ST-ZIP **320 PARK AVENUE, STE 1700
NEW YORK, NY 10022**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CASELLINI, MARLENA M**
CITY-ST-ZIP **101 CALIFORNIA STREET, 26 FLOOR
SAN FRANCISCO, CA 941115853**

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **FERKULL, PAULA M**
CITY-ST-ZIP **875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 606111901**

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 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.

SIGNATURE:

Susan McClintock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #