

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90126 015 ***150.00

DOCUMENT # F02000005854

1. Entity Name
SUNBURST/ENCORE GP, INC.



Principal Place of Business
**6991 E CAMELBACK RD
STE B310
SCOTTSDALE, AZ 85251**

Mailing Address
**6991 E CAMELBACK RD
STE B310
SCOTTSDALE, AZ 85251**

14015686



2. Principal Place of Business
Two N. Riverside Plaza
Suite, Apt. #, etc.
Suite 800

3. Mailing Address
Two N. Riverside Plaza
Suite, Apt. #, etc.
Suite 800

04062005 Chg-P CR2E034 (10/03)

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number **20-0670867**
NOT APPLICABLE

Applied For
Not Applicable

Zip
60606

Country **USA**

Zip
60606

Country **USA**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ELLIS, CHARLES**
STREET ADDRESS **6991 E. CAMELBACK ROAD, SUITE B-360**
CITY-ST-ZIP **SCOTTSDALE, AZ 85251**

TITLE **DPT** ☒ Delete
NAME **NAPP, DAVID A**
STREET ADDRESS **6991 E. CAMELBACK ROAD, SUITE B-360**
CITY-ST-ZIP **SCOTTSDALE, AZ 85251**

TITLE **VS** ☒ Delete
NAME **EDWARDS, COLLEEN S**
STREET ADDRESS **6991 E. CAMELBACK ROAD, SUITE B-360**
CITY-ST-ZIP **SCOTTSDALE, AZ 85251**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Thomas P. Heneghan**
STREET ADDRESS **Two N. Riverside Plaza, #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE **DEVAS** ☒ Change ☐ Addition
NAME **Ellen Kelleher**
STREET ADDRESS **Two N. Riverside Plaza #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE **DT** ☒ Change ☐ Addition
NAME **Michael Berman**
STREET ADDRESS **Two N. Riverside Plaza #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE **VS** ☒ Change ☐ Addition
NAME **David W. Fell**
STREET ADDRESS **Two N. Riverside Plaza, #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE **V** ☒ Change ☐ Addition
NAME **Marguerite Nader**
STREET ADDRESS **Two N. Riverside Plaza, #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE **V** ☒ Change ☐ Addition
NAME **Martina Linders**
STREET ADDRESS **Two N. Riverside Plaza, #800**
CITY-ST-ZIP **Chicago, Illinois 60606**

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: By: David W. Fell

David W. Fell, VP 312/279-1400

04/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #