

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90052 022 ***150.00

DOCUMENT # F04000004595

1. Entity Name
CC-BALDWIN PARK, INC.



Principal Place of Business
71 S WACKER DRIVE, STE 900
CHICAGO, IL 60606

Mailing Address
71 S WACKER DRIVE, STE 900
CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1504815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC PRITZKER, PENNY 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PRITZKER, NICHOLAS J 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVC POORMAN, J. KEVIN 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RICHARDSON, RANDAL 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTAS SMITH, GARY 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS FIELDS, STEPHANIE 71 S WACKER DRIVE, STE 900 CHICAGO, IL 60606

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IN THIS SPACE**

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:

Stephanie Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

(312) 803-8800

Date

Daytime Phone #