

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 040 ***150.00

DOCUMENT # F06000002205	
1. Entity Name IPERS PALM VALLEY ROAD, INC.	



Principal Place of Business 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 94111-5853	Mailing Address 875 N MICHIGAN AVENUE 41ST FLOOR CHICAGO, IL 60611-1901
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40024335



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4635056	Reporting Fee Not Applicable
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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 Zip Code	
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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.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES, DELETIONS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOK, ROBERT J 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKMAN, ANDREAS P 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREUNER, DAVID T 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, TIMOTHY K 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEINBERG, PETER F 280 PARK AVENUE 40TH FLOOR NEW YORK, NY 100171270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, CHRISTOPHER L 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 and I am an authorized officer 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 the report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan E. McClintock* **Susan E. McClintock, VP & Secretary 1/24/2007 (312)266-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR