

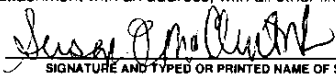


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90037 033 \*\*\*150.00

<b>DOCUMENT # F06000002205</b> 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		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01032008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>20-4635056</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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.				FL    Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>COOK, ROBERT J</b> 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>VICE PRESIDENT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>BACKMAN, ANDREAS P</b> 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>MISSPELLING: BACKMAN, ANDREA P</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>BREUNER, DAVID T</b> 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>DIRECTOR &amp; PRESIDENT BRIAN E. MCAULIFFE</b> 875 N. MICHIGAN AVE., 41ST FL., CHICAGO ILLINOIS, 60611-1901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>GONZALEZ, TIMOTHY K</b> 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>VICE PRESIDENT &amp; SEC. SUSAN E. MCCLINTOCK</b> 875 N. MICHIGAN AVE., 41ST FL., CHICAGO ILLINOIS, 60611-1901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>FEINBERG, PETER F</b> 280 PARK AVENUE 40TH FLOOR NEW YORK, NY 100171270		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>HUGHES, CHRISTOPHER L</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>HUGHES, CHRISTOPHER L</b> 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>HUGHES, CHRISTOPHER L</b>	
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.					
<b>SIGNATURE:</b>  <b>SUSAN E. MCCLINTOCK, VP &amp; SEC., 01/04/08, 312/266-9300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					