



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 22 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000003235 1. Entity Name CB 123 PROSPECT, INC.					
Principal Place of Business 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 94111-5853			Mailing Address 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 94111-5853		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4809237	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD STEPPE, STEPHEN M 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 941115853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIMOTHY E. ELLSWORTH DIRECTOR AND PRESIDENT 875 N. MICHIGAN AVE., 41ST FL., CHICAGO, ILLINOIS, 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOK, ROBERT J 875 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200119106662 02/23/08--01010--022 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BREUNER, DAVID T 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 941115853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLSWORTH, TIMOTHY E 875 N. MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	see above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MCCLINTOCK, SUSAN E 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"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA ST., 26TH FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 E. McClintock, VP and Sec., 1/29/08, 312.266-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		