

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2008 90047 001 ****75.00
01-25-2008 90047 002 ****75.00

66000326



01032008 Chg-P CR2E034 (12/06)

4. FEI Number **APPLIED FOR** 20-8734059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____
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	PD	<input type="checkbox"/> Delete
NAME	MCMAULIFFE, BRIAN E	
STREET ADDRESS	875 NORTH MICHIGAN AVE. 41ST FL	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAISING, ANGELA C	
STREET ADDRESS	875 NORTH MICHIGAN AVE. 41ST FL	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	V	<input type="checkbox"/> Delete
NAME	BONEHAM, PAMELA S	
STREET ADDRESS	875 NORTH MICHIGAN AVE. 41ST FL	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MCCLINTOCK, SUSAN E	
STREET ADDRESS	875 NORTH MICHIGAN AVE. 41ST FL	
CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CASELLINI, MARLENA M	
STREET ADDRESS	101 CALIFORNIA STREET 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVEY, CRAIG S	
STREET ADDRESS	101 CALIFORNIA STREET 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* **SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312/266-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #