

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001002

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** LEEWARD STRATEGIC PROPERTIES, INC.

**Current Principal Place of Business:**

901 MAIN AVENUE  
NORWALK, CT 06851

**New Principal Place of Business:**

**Current Mailing Address:**

901 MAIN AVENUE  
NORWALK, CT 06851

**New Mailing Address:**

**FEI Number:** 20-4374248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROWAN, MICHAEL G  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: PD  
Name: BURGER, ALEC  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: V  
Name: JACOBSON, CARL  
Address: 500 WEST MONROE STREET  
City-St-Zip: CHICAGO, IL 60661

Title: S  
Name: TURNER, C. DAVID  
Address: 16479 DALLAS PARKWAY  
City-St-Zip: ADDISON, TX 75001

Title: T  
Name: KOENIGSBERG, STEWART B  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

Title: AS  
Name: RODRIGUEZ, LUCY  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUHORIZE FILER

AF

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date