

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90113 004 ***150.00

DOCUMENT # F92000000053

1. Corporation Name

JMB GROUP-II HOLDINGS, INC.

Principal Place of Business

180 N LASALLE STREET
SUITE 3400
CHICAGO IL 60601
US

Mailing Address

180 N LASALLE STREET
SUITE 3400
CHICAGO IL 60601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1992

4. FEI Number

36-3208819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MDS
STREET ADDRESS MCCARTHY, THOMAS D
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

TITLE ☐ DELETE

NAME D
STREET ADDRESS LUDGIN, MARY K
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

TITLE ☐ DELETE

NAME VPAS
STREET ADDRESS CAREY, GAIL
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

TITLE ☐ DELETE

NAME T
STREET ADDRESS SMITH, ROGER E
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

TITLE ☐ DELETE

NAME DC
STREET ADDRESS CLAEYS, JEROME J III
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

TITLE ☒ DELETE

NAME DP
STREET ADDRESS WURTZEBACH, CHARLES H
CITY-ST-ZIP 180 N LASALLE STREET
CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Secretary & COO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Director, President & CEO ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice President & Asst.-Secy ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Howard J. Edelman
Executive Vice President

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GAIL CAREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 312/855-5700
Date Daytime Phone #

CR2E034 (1/1/98)