## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F93000000862 1. Entity Name TK MANGROVE 1, INC. 04-23-2001 90239 008 \*\*\*150.00 Principal Place of Business Mailing Address C/O THOMAS J. KLUTZNICK COMPANY C/O THOMAS J. KLUTZNICK COMPANY こくさいてがりり 900 N. MICHIGAN AVE., STE. 2050 900 N. MICHIGAN AVE., STE, 2050 CHICAGO IL 60611 CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3859944 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDT Change ☐ Addition ☐ Delete TITLE TITLE KLUTZNICK, THOMAS J NAME NAME STREET ADDRESS 900 NORTH MICHIGAN AVE., STE. 2050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME RUDOLPH, STEVEN R NAME STREET ADDRESS STREET ADDRESS 900 NORTH MICHIGAN AVE., STE. 2050 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 \_\_ Change ☐ Addition TITI F AS. Delete\_ TITLE MATIS, NINA B NAME NAME STREET ADDRESS STREET ADDRESS 525 WEST MONROE ST., STE. 1600 CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60661-3693 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16 /0/ 312-280-1906