

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90166 039 ***150.00

DOCUMENT # F93000001053

1. Entity Name
MANUFACTURED HOME COMMUNITIES, INC.



Principal Place of Business
**C/O JENNIFER USHER
2 NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO IL 60606**

Mailing Address
**C/O JENNIFER USHER
2 NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO IL 60606**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **36-3857664**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 W KELLEY ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name
LexisNexis Document Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 W.W. Kelley Road

Tallahassee

City **FL** Zip Code **32311**

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVS** ☐ Delete
NAME **KELLEHER, ELLEN**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCOO** ☐ Delete
NAME **HENEGHAN, THOMAS P.**
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **ZELL, SAMUEL**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DCEO** ☐ Delete
NAME **WALKER, HOWARD**
STREET ADDRESS **TWO N RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **David W. Fell**
STREET ADDRESS **Two North Riverside Plaza, Suite 800**
CITY-ST-ZIP **Chicago, Illinois 60606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPCFO** ☐ Change ☒ Addition
NAME **John Zoeller**
STREET ADDRESS **Two North Riverside Plaza, Suite 800**
CITY-ST-ZIP **Chicago, Illinois 60606**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By **David W. Fell** **REQUIRED** **Fell, Vice President** **02/21/03** **312/279-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)