FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001518

1. Corporation Name
PERA-TAMPA, INC.

Principal Place of Business	Mailing Address
ATTN: Stuart C. Katz 180 North LaSalle Street Chicago, IL 60601	ATTN: Stuart C. Katz 180 North LaSalle Street Chicago, IL 60601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1993	3a. Date of Last Report: 08/09/1994
4. FEI Number: 36-3813480	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 has ability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324-4	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	Perlmutter, Stephen	12 NAME	
STREET ADDRESS	180 North LaSalle Street	13 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	14 CITY-ST-ZIP	
TITLE	VAS	21 TITLE	☐ Change ☐ Addition
NAME	Edelman, Howard J.	22 NAME	
STREET ADDRESS	180 North LaSalle Street	23 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	Katz, Stuart C.	32 NAME	
STREET ADDRESS	180 North LaSalle Street	33 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	34 CITY-ST-ZIP	
TITLE	VTAS	41 TITLE	☐ Change ☐ Addition
NAME	Smith, Roger E	42 NAME	
STREET ADDRESS	180 North LaSalle Street	43 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	44 CITY-ST-ZIP	
TITLE	~~A~~	51 TITLE	☐ Change ☐ Addition
NAME	~~Smith, Roger E~~	52 NAME	
STREET ADDRESS	~~180 North LaSalle Street~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~Chicago, IL 60601~~	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Benedict, Norman G.	62 NAME	
STREET ADDRESS	180 North LaSalle Street, #3700	63 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60601	64 CITY-ST-ZIP	

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****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ Secretary 4/27/95 312-855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
Stuart C. Katz

A28-95