

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90172 014 \*\*\*150.00

DOCUMENT # F93000001518

1. Corporation Name  
PERA TAMPA, INC.



Principal Place of Business  
ATTN: STUART C. KATZ  
180 NORTH LASALLE STREET  
CHICAGO IL 60601

Mailing Address  
C/O SUSAN NELSON  
180 N LASALLE ST #3400  
CHICAGO IL 60601  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1993

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDGIN, MARY K	1.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J	2.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STUART C	3.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	
TITLE	VTAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	4.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, NORMAN G	5.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET, SUITE 3700	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHNLE, HERBERT	6.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

(312) 855-5700

Daytime Phone #

CR2E034 (11/98)