

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001835

1. Entity Name

MONTEREY VILLAGE APARTMENTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90302 001 ***150.00

Principal Place of Business

CNA PLAZA
 333 SOUTH WABASH AVENUE
 CHICAGO IL 60685

Mailing Address

CNA PLAZA
 ATTN: CORPORATE TAX-24S
 CHICAGO IL 60685-0001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3881000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD. LOWRY, DONALD M CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANN, ROBERT M CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYCROFT, DONALD C CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WINKENBACH, ROBERT D CNA PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROB, ROBERT J. CNA PLAZA - 245 CHICAGO IL 60685	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - DIRECTOR SANDRA D. WAGMAN CNA PLAZA 24 South Chicago IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board/PRESIDENT ROBERT M. MANN CNA PLAZA 24 South CHICAGO IL 60685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VP and SECRETARY Mary A. Ribikawskis CNA PLAZA 24-South CHICAGO IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. and TREASURER PAMELA S. DEMPSEY CNA PLAZA 24-South Chicago IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VICE PRESIDENT ROBERT J. Grob CNA PLAZA 24-South Chicago IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Robert J. Grob ROBERT J. GROB, DUP, 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

312-822-5194

CR2E034 (9/99)