

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90556 002 \*\*\*150.00

DOCUMENT # F93000004570

1. Entity Name

URBAN RETAIL PROPERTIES CO.

Principal Place of Business

Mailing Address

900 N. MICHIGAN AVE.  
CHICAGO IL 60611-1575

900 N. MICHIGAN AVE.  
CHICAGO IL 60611-1575

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 36-3886881

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 S. PINE ISLAND RD.  
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, 2001 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	DSVS	<input type="checkbox"/> Delete
NAME	HILBORN, MICHAEL G	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CZECH, JAMES L	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, PAUL C	
STREET ADDRESS	900 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BERGSTROM, KELLY A	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STUART, NATHAN C	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	ADAM, METZ	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	DVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee M. Wenford	
STREET ADDRESS	900 N. Michigan Ave	
CITY-ST-ZIP	Chicago IL 60611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Koste	
STREET ADDRESS	900 N Michigan Ave.	
CITY-ST-ZIP	Chicago IL 60611	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew S. Dominski	
STREET ADDRESS	900	
CITY-ST-ZIP	Chicago IL 60611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Weaver	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago IL 60611	
TITLE	Dceo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Egan	
STREET ADDRESS	900 N. Michigan Ave	
CITY-ST-ZIP	Chicago IL 60611	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adam Metz	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago IL 60611	

13. 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: Kim Schwab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec

2/8/01

Date

312 915-1931

Daytime Phone #

CR2E034 (10/00)