

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90069 003 ***150.00

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1. Entity Name
URBAN RETAIL PROPERTIES CO.



Principal Place of Business
**900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575**

Mailing Address
**900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575**

90022798



☐ CHECK HERE IF MAKING CHANGES

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVD
LEITCHFORD, LEE M
900 N. MICHIGAN AVE.
CHICAGO IL 60611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Richard E. Green
11601 Wilshire Blvd.
Los Angeles, CA 90025** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSTER, TIMOTHY
900 N. MICHIGAN AVE.
CHICAGO IL 60611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Richard Sokolov
115 West Washington
Indianapolis, IN 46202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DOMINSKI, MATTHEW S
900 N MICHIGAN AVE
CHICAGO IL 60611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Douglas McGregor
10275 Little Patuxent Pkwy
Columbus, MD 21044** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEAVER, DANIEL
900 N. MICHIGAN AVE.
CHICAGO IL 60611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Ross Glickman
900 N. Michigan Avenue
Chicago, IL 60611** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DECO
ECAN, GERALD
900 N. MICHIGAN AVE.
CHICAGO IL 60611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP & CFO
Len W. Tobiaski
900 N. Michigan Avenue
Chicago, IL 60611** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ADAM, METZ
900 N. MICHIGAN AVE.
CHICAGO IL 60611** ☒ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)