## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000005400

Entity Name: LO PROPERTIES, INC.

FILED Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O BARBARA SHUMAN 2 N. RIVERSIDE PLAZA- STE 600 CHICAGO, IL 60606 **Current Mailing Address: New Mailing Address:** C/O BARBARA SHUMAN 2 N. RIVERSIDE PLAZA- STE 600 CHICAGO, IL 60606 FEI Number: 36-3787970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: ZELL, SAMUEL Name: 2 N. RIVERSIDE PLAZA Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: DVT Title: Title: () Delete () Change () Addition Name: TINKLER, PHILIP Name: 2 NORTH RIVERSIDE PLAZA Address: Address: City-St-Zip: CHICAGO, IL City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition PAOLUCCI, JOSEPH M WASSERMAN, JONATHAN D Name: Name: 2 N RIVERSIDE PLAZA 2 N RIVERSIDE PLAZA Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: () Change () Addition MCFARLAND, LUCILLE Name: Name: Address: 2 NORTH RIVERSIDE PLAZA Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: ( ) Delete Title: ( ) Change (X) Addition Name: Name: CONTIS, DAVID J Address: 2 NORTH RIVERSIDE PLAZA Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN D. WASSERMAN S 04/08/2009