

2000 UNIFORM BUSINESS REPORT (UBR)

pg 102

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DOCUMENT # F93000005737

1. Entity Name
PRESCOTT REALTY SERVICES, INC.

FILED
 00 APR 10 PM 1:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
77 W WACKER DRIVE **77 W WACKER DR**
CHICAGO IL 60601 **LEGAL DEPT**
 CHICAGO IL 60601-1604
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1201 Hays Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Tallahassee, FL
 Zip Country Zip Country
 32301-2608 **United States**

4. FEI Number **34-1366869** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 City **Tallahassee** **FL** Zip Code
 32301-2608

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REALI, JANET L. 77 W WACKER DRIVE CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FALLIS, STANLEY R 77 W. WACKER DR. CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MANSHEIM, THOMAS M 77 W WACKER DRIVE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STRADINGER, KELLY 77 W WACKER DRIVE CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, DANIEL D 77 W. WACKER DRIVE CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MCGIVERN, ARTHUR J 77 W WACKER DR CHICAGO IL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8000003201288--4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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	<input 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 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: *[Signature]* **4/4/00** Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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ACCOUNT NO. : 072100000032

REFERENCE : 656195 7170545

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizub

ORDER DATE : April 10, 2000

ORDER TIME : 11:04 AM

ORDER NO. : 656195-005

CUSTOMER NO: 7170545

CUSTOMER: Mr. William H. Schwartz
First Union Corporation
Legal Dept. Pa 4840
1339 Chestnut Street
Philadelphia, PA 19107

ANNUAL REPORT FILING

NAME: PRESCOTT REALTY SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: _____

RECEIVED
00 APR 10 PM 12:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA