

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000958

1. Entity Name

JMB/NORTHERN REAL ESTATE FUND, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 033 ***150.00

Principal Place of Business Mailing Address
180 N LASALLE ST 180 N LASALLE STREET
SUITE 3400 SUITE 3400
CHICAGO IL 60601 CHICAGO IL 60601-2807
US 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 36-3652846 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, 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	DPC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WURTZBACH, CHARLES H		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAEYS, JEROME J III		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOGNARELLI, MAURY R		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	DCS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, THOMAS D		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAREY, GAIL		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROGER E		NAME		
STREET ADDRESS	180 N LASALLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		

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: *Susan K. Odland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan K. Odland, Assistant Vice President

3/1/00 (312) 541-1265
Date Daytime Phone #

CR2E034 (9/99)