

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000958

1. Entity Name

JMB/NORTHERN REAL ESTATE FUND, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90057 032 ***150.00

0667330

Principal Place of Business 180 N LASALLE ST SUITE 3400 CHICAGO IL 60601 US	Mailing Address 180 N LASALLE STREET SUITE 3400 CHICAGO IL 60601 US
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00029019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 36-3652846	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 _____ (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	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	D/S/EVP	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete	TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Susan K. Odland	
STREET ADDRESS			STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60601	

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 **Susan K. Odland** 3/21/01 (312) 541-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Vice President

CR2E034 (10/00)