

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 015 ***150.00

DOCUMENT # F94000000959 1. Entity Name ENDOWMENT AND FOUNDATION REALTY, LTD. -- JMB-IV, INC.					
Principal Place of Business 180 N LASALLE ST. % GAIL CAREY CHICAGO, IL 60601 US			Mailing Address 180 N LASALLE ST. % GAIL CAREY CHICAGO, IL 60601 US		
2. Principal Place of Business 191 N. Wacker Drive Suite, Apt. #, etc. 2500		3. Mailing Address 191 N. Wacker Drive Suite, Apt. #, etc. 2500, c/o Gail Carey		03232004 Chg-P CR2E034 (10/03)	
City & State Chicago, Illinois		City & State Chicago, Illinois		4. FEI Number 36-3576094	
Zip 60606		Country USA		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DC CLAEYS, JEROME J III ☐ Delete 180 N LASALLE ST. CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD LUDGIN, MARY K ☐ Delete 180 N LASALLE ST. CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCARTHY, THOMAS D ☐ Delete 180 N LASALLE ST. CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DEVF 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVF TOGNARELLI, MAURY R ☐ Delete 180 N LASALLE ST. CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ODLAND, SUSAN K ☐ Delete 180 N LASALLE ST. CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CAREY, GAIL ☐ Delete 180 N LASALLE ST CHICAGO, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	
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: Susan K. Odland, AVP 03/30/04 (312) 541-6769 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					