

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90085 024 ***150.00

DOCUMENT # F94000002770

1. Corporation Name
CB CASCADES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

4. FEI Number

13-3771135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

101 CALIFORNIA ST.
26TH FLOOR
SAN FRANCISCO CA 94111-5853

Mailing Address

101 CALIFORNIA ST.
26TH FLOOR
SAN FRANCISCO CA 94111-5853

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

225

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STEPPE, STEPHEN M | |
| STREET ADDRESS | 101 CALIFORNIA ST. 26TH FLOOR | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94111-5853 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | OTTO, WARREN H | |
| STREET ADDRESS | 101 CALIFORNIA ST. 26TH FLOOR | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94111-5853 | |
| TITLE | VAS | <input type="checkbox"/> DELETE |
| NAME | EGAN, GERALD E | |
| STREET ADDRESS | 875 MICHIGAN AVE. 41ST FLOOR | |
| CITY-ST-ZIP | CHICAGO IL 60611-1901 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | COOK, ROBERT J | |
| STREET ADDRESS | 875 MICHIGAN AVE. 41ST FLOOR | |
| CITY-ST-ZIP | CHICAGO IL 60611-1901 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KING, JAMES D | |
| STREET ADDRESS | 875 MICHIGAN AVE. 41ST FLOOR | |
| CITY-ST-ZIP | CHICAGO IL 60611-1901 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | O'MEARA, NORTON F | |
| STREET ADDRESS | 875 MICHIGAN AVE. 41ST FLOOR | |
| CITY-ST-ZIP | CHICAGO IL 60611-1901 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* Paula M. Ferkull,
Treasurer/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Date

(312) 266-9300

Daytime Phone #

CR2E034 (11/98)