

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000002770**1. Entity Name
CB CASCADES, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90329 048 ***150.00

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3771135		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M	NAME	
STREET ADDRESS	101 CALIFORNIA ST. 26TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, WARREN H	NAME	
STREET ADDRESS	101 CALIFORNIA ST. 26TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	CITY-ST-ZIP	
TITLE	TS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERKULL, PAULA M	NAME	
STREET ADDRESS	875 N. MICHIGAN AVE 41ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT J	NAME	
STREET ADDRESS	875 MICHIGAN AVE. 41ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES D	NAME	
STREET ADDRESS	875 MICHIGAN AVE. 41ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEARA, NORTON F	NAME	
STREET ADDRESS	875 MICHIGAN AVE. 41ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	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:

Paula M. Ferkull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORPaula M. Ferkull (312) 266-9300
Treasurer/Secretary January 29, 2001

Date

Daytime Phone #

CR2E034 (10/00)