

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 007 ***150.00

DOCUMENT # F94000002770			
1. Entity Name CB CASCADES, INC.			
Principal Place of Business 101 CALIFORNIA ST. 26TH FLOOR SAN FRANCISCO, CA 94111-5853		Mailing Address 875 NORTH MICHIGAN AVENUE 41 FLOOR CHICAGO, IL 60611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. 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 941115853	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHRISTOPHER L	NAME	
STREET ADDRESS	875 N MICHIGAN, 41	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60611	CITY-ST-ZIP	
TITLE	S	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 60611901	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 60611901	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLINI, MARLENA M	NAME	
STREET ADDRESS	101 CALIFORNIA STREET, 26TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853	CITY-ST-ZIP	
TITLE	V	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGER, STEPHEN T	NAME	Susan E. McClintock
STREET ADDRESS	320 PARK AVE, STE 1700	STREET ADDRESS	875 N. Michigan Ave., 41st Fl.
CITY-ST-ZIP	NEW YORK, NY 100226815	CITY-ST-ZIP	Chicago, IL 60611
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: <i>Susan E. McClintock</i>		Date: 2/2/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 312-266-9300	