

2001 UNIFORM BUSINESS REPORT (UBR)

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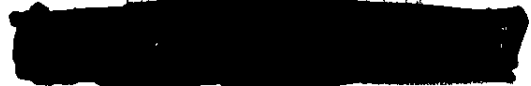
DOCUMENT # F94000003323

1. Entity Name
NANTUCKET COURT, INC.

FILED

01 JUL 10 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
03/13/01 90083 012 15000

Principal Place of Business 180 N. LASALLE ST. CHICAGO IL 60601 US		Mailing Address C/O GAIL CAREY 180 N. LASALLE STREET CHICAGO IL 60601 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: **36-3959844** Applied For: Not Applied:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____
5. If more than one name of registered agent and the 1 address (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	D DONLEVY, FRANCIS J 30 N 3RD STREET, 5TH FLOOR HARRISBURG PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, PETER M 30 N 3RD STREET 5TH FLOOR HARRISBURG PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAMAN, DAVID J 30 N 3RD STREET 5TH FLOOR HARRISBURG PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kalman, David J.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAEYS, JEROME III 180 NORTH LASALLE STREET CHICAGO IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMITH, ROGER E 180 N. LASALLE ST CHICAGO IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDELMAN, HOWARD J 180 N LASALLE STREET CHICAGO IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 78

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: Gail Carey, Asst. Secy. Gail Carey Date: 3/8/01 Daytime Phone #: (312) 541-6216

Howe Cornett *VP TRUST* *ROGER E. SMITH* 312/855-5700

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VIA UNITED PARCEL SERVICE

July 9, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Nantucket Court, Inc.
2001 Uniform Business Report / Document #F94000003323

Dear Sir or Madam:

Per a telephone conversation I had today with an associate in the Division of Corporations, I was informed that the referenced report I sent to your department in March, 2001 for filing was returned to me on March 14, 2001 requiring the signature of an officer or director named on the report. Unfortunately, I did not receive this report from your department.

Per my telephone conversation today, I was instructed to forward this correspondence along with a copy of the referenced report reflecting the signature of one of the officers or directors listed on the report. Please note your department has retained our check in the amount of \$150.00 to cover the filing fee.

Please do not hesitate to call me at the phone number below if you should have further questions or comments.

Thank you for your assistance.

Yours very truly,


Gail Carey
Vice President

/gc
Enclosures