

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90283 032 \*\*\*150.00

DOCUMENT # F95000002044

1. Corporation Name

HTF Managers, Inc.

Principal Place of Business

Mailing Address

900 N. Michigan Ave.  
Chicago, IL. 60611-1575

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Chicago, IL. 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0587402

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE

NAME Nickle, Gary  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL. 60611

1.1 TITLE ☐ Change ☐ Addition

TITLE President ☐ DELETE

NAME Motta, James D.  
STREET ADDRESS 7900 Glades Road  
CITY-ST-ZIP Boca Raton, FL. 33434

2.1 TITLE ☐ Change ☐ Addition

TITLE Vice President ☐ DELETE

NAME Lassman, Mark D.  
STREET ADDRESS 7900 Glades Road  
CITY-ST-ZIP Boca Raton, FL 33434

3.1 TITLE ☐ Change ☐ Addition

TITLE Treasurer ☐ DELETE

NAME Lovelette, Stephen A.  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL. 60611

4.1 TITLE ☐ Change ☐ Addition

TITLE Secretary ☐ DELETE

NAME Nielsen, Paul C.  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL. 60611

5.1 TITLE ☐ Change ☐ Addition

TITLE Assistant Secretary ☐ DELETE

NAME O'Mahoney, Karen M.  
STREET ADDRESS 900 N. Michigan Ave.  
CITY-ST-ZIP Chicago, IL. 60611

6.1 TITLE ☐ Change ☐ Addition

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: *Karen M. O'Mahoney* Karen M. O'Mahoney 04/19/1999

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)