## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 22, 2002 8:00 am Secretary of State

		,	. , ,			04-22-2002	2 90123 (	003 **	*150.00
DOCU 1. Entity Nar	MENT # F9500000204	4	•						
HTF MANAGERS, INC.									
DO NOT WRITE IN THIS SPACE									
	Place of Business	3. Mailing Address							
900 No Suite, Apt	rth Michigan Avenue	900 North Michigan Avenue Suite Api. #, etc.			ıe	DO NOT WRI	If the later s	SPACE	
Suite	900	Suite 900							
City & Stat Chicag	e o, Illinois	City & State   Chicago, Illinois				FEI Number 65-0587402			Approach or Not Approach or
60611	Courtery USA	7 <sub>ю</sub> 60611	Cour	niry	5.	Certificate of Status Desired		\$8.75 Fee Req	Additional
		7 00011	1 00		7. N	lame and Address of Current			31150
				Name (	C T Corporation System				
ŝ	DO NOT WRITE IN THIS SPACE					ss (P.O. Box Number is Not Acceptable)			
•				<u> </u>	200 0	.1 5. 7.1			
				City		outh Pine Islan	<u>а коаа</u> FL		Doge .
A The size of				·	lanta			3.	3324
<b>b.</b> The above	named entity submits this statement for	trie purpase or changing its	regionel	od drike or 6	dizmena si	gent, or both, in the state of his	mga		
SIGNATURE .	Signature, typed or secred name of registered again or	Again the damping the same states of the same state	C Paris cos	od Agon signater	de come deserv		DATE		
		January 1 - N				- Caracter Co	(AFIE	<del>-</del>	
	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1, Fee	is \$550.00 is \$61.25	To data No esta	10. Election Campaign Fir Trust Fund Contributio			5.00 May Be ided to Fees
	na (in back)	Make Check Payal			f State	. Tust Fund Gone Duce		, ,	ded to rees
III.	OFFICERS AND D	DIRECTORS	1171	,					
NAME	Director Gary Nickele		NAN.	· 1					
STREET ADDRESS CITY-ST-ZIP	900 North Michigan A Chicago, Illinois 60	Avenue STR		EET ADDRESS CST-ZIP					Q.
TITLE	President	J011	TITE						PDSCOAD HOUSE
NAME	James D. Motta		NAM	ai.					Ç
STREET ADDRESS	7900 Glades Road Boca Raton, Florida	33434	STREET ADDRESS CITY STATE						
INLE	Vice President		Tift	<del>-</del>	*				
NAME	Stanley J. Czerwien		NAN	" l					
STREET ADDRESS CITY ST ZIP	900 North Michigan Avenue Chicago, Illinois 60611			EET ADDRESS (+ ST - ZIP		DO NOT WRITE			
ITLE	Treasurer		TITE	j.	`	IN THIS SPACE			
NAME	Stephen A. Lovelette		NAN	- 1		IIA LLIIO 4	SFAL	<i>)</i> [	
CITY ST ZIF	900 North Michigan A Chicago, Illinois 60			EET ADDRESS Y-ST-ZIP					
(B).£	Secretary		TITL	Ŀ					
NAME STREET ADDRESS	Paul C. Nielsen	a	NAN STP	AE EET ADORESS					
CITY-ST ZIP	900 North Michigan A Chicago, Illinois 60			Y-ST-ZIP					
HILE	Assistant Secretary		TITL	Į.					
NAME STREET ADDRESS	Karen M. Ewing 900 North Michigan A	Avenue	NAN STR	AE EET ADORESS		•			
CiTY-ST-ZIP	Chicago, Illinois 60	0611	1	r-st-2IP					
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor it with an address, with all other like emit	true and accurate and that i owered to execute this repo	ny signa	iture shall hav	e the same	e legal effect as if made under	oath; that La	รณ์ ลก อสั	icer or director

Asst. Secretary

03/25/02

(3120 915-1969 Daytime Phone #