

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 031 ***150.00

DOCUMENT # F95000002044

1. Entity Name
HTF MANAGERS, INC.



Principal Place of Business
**900 N. MICHIGAN AVE.
SUITE 900
CHICAGO, IL 60611**

Mailing Address
**900 N. MICHIGAN AVE.
SUITE 900
CHICAGO, IL 60611**

11030469

2. Principal Place of Business
900 N. Michigan Avenue

3. Mailing Address
900 N. Michigan Avenue

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number
65-0587402

Applied For
☐ Not Applicable

Zip Country
60611 USA

Zip Country
60611 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MOTTA, JAMES**
STREET ADDRESS **7900 GLADES RD.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **VT** ☐ Delete
NAME **LOVELETTE, STEPHEN A**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO, IL 606111575**

TITLE **S** ☐ Delete
NAME **NIELSON, PAUL C**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO, IL 606111575**

TITLE **AS** ☐ Delete
NAME **O'MAHONEY, KAREN M**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO, IL 606111575**

TITLE **VP** ☐ Delete
NAME **CZERWIEN, STANLEY J**
STREET ADDRESS **900 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Assistant Secretary**
STREET ADDRESS **Ewing, Karen M.**
CITY-ST-ZIP **900 N. Michigan Avenue**
Chicago, Illinois 60611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Karen M. Ewing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Ewing

04/14/03

(312) 915-1969

Date

Daytime Phone #

CR2E034 (10/02)