

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90094 020 \*\*\*150.00

**DOCUMENT # F95000004518**

1. Entity Name

**ZELL GENERAL PARTNERSHIP, INC.**

Principal Place of Business

**C/O ANN M. SCHNEIDER  
 2 N. RIVERSIDE PLAZA, #1515  
 CHICAGO IL 60606**

Mailing Address

**C/O ANN M. SCHNEIDER  
 2 N. RIVERSIDE PLAZA, #1515  
 CHICAGO IL 60606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**C/O Anne Rafelson  
 2 N. Riverside Plaza**

3. Mailing Address  
**C/O Anne Rafelson  
 2 N. Riverside Plaza**

Suite, Apt. #, etc.  
**Suite 600**

Suite, Apt. #, etc.  
**Suite 600**

City & State  
**Chicago, Illinois**

City & State  
**Chicago, Illinois**

4. FEI Number **36-3716786**

Applied For  
 Not Applicable

Zip  
**60606**

Country  
**USA**

Zip  
**60606**

Country  
**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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ZELL, SAMUEL**  
 CITY-ST-ZIP **2 N. RIVERSIDE PLAZA  
 CHICAGO IL 60606**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **William C. Pate**  
 CITY-ST-ZIP **2 N. Riverside Plaza  
 Chicago, Illinois 60606**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **DAMMEYER, ROD**  
 CITY-ST-ZIP **2 N. RIVERSIDE PLAZA  
 CHICAGO IL 60606**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **Anne Rafelson**  
 CITY-ST-ZIP **2 N. Riverside Plaza  
 Chicago, Illinois 60606**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **ROSENBERG, SHEL Z**  
 CITY-ST-ZIP **2 N. RIVERSIDE PLAZA  
 CHICAGO IL**

TITLE ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **Philip Tinkler**  
 CITY-ST-ZIP **2 N. Riverside Plaza  
 Chicago, Illinois 60606**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **LIEBENTRITT, DONALD**  
 CITY-ST-ZIP **2 N RIVERSIDE PLAZA  
 CHICAGO IL**

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

TITLE ☒ Delete  
 NAME **AS**  
 STREET ADDRESS **OBUCHOWSKI, SUSAN**  
 CITY-ST-ZIP **2 N. RIVERSIDE PLAZA  
 CHICAGO IL 60606**

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

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **SCHNEIDER, ANN M**  
 CITY-ST-ZIP **2 N. RIVERSIDE PLAZA  
 CHICAGO IL**

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

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:

**Donald J. Liebentritt, Vice President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24 2001 312/466-3651**  
 Date Daytime Phone #

CR2E034 (10/00)