

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90239 012 \*\*\*150.00

**DOCUMENT # F95000004518**

1. Entity Name  
**ZELL GENERAL PARTNERSHIP, INC.**



Principal Place of Business  
**2 N. RIVERSIDE PLAZA  
SUITE 600  
CHICAGO, IL 60606**

Mailing Address  
**2 N. RIVERSIDE PLAZA  
SUITE 600  
CHICAGO, IL 60606**

**11016945**



2. Principal Place of Business

3. Mailing Address  
**TWO NORTH RIVERSIDE PLAZA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**c/o ROBIN SCHAPIRO, SUITE 600**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**CHICAGO, IL**

4. FEI Number  
**36-3716786**

Applied For  
☐ Not Applicable

Zip

Country

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. 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 \$160.00  
After May 1, 2003 Fee will be \$650.00  
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 PD ☐ Delete  
NAME ZELL, SAMUEL  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE V ☐ Delete  
NAME PATE, WILLIAM C  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE S ☒ Delete  
NAME RAFELSON, ANNE  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

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

TITLE T ☐ Delete  
NAME TINKLER, PHILIP  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition  
NAME Joseph M. Paolucci  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

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  
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:**

**Donald J. Liebentritt, Vice President April 23, 2003 312/466-3380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E034 (10/02)