


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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90502 006 \*\*\*150.00

DOCUMENT # **F95000005001**

1. Entity Name  
**HT-Boston, Inc.**



**DO NOT WRITE IN THIS SPACE**

**70045095**

2. Principal Place of Business <b>200 W. Madison</b> Suite, Apt. #, etc. <b>41st Floor</b> City & State <b>Chicago, IL</b> Zip <b>60606</b> Country <b>USA</b>		3. Mailing Address <b>200 W. Madison</b> Suite, Apt. #, etc. <b>41st Floor</b> City & State <b>Chicago, IL</b> Zip <b>60606</b> Country <b>USA</b>	
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4. FEI Number  
**36-3153818**

Applied For  
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
**The Prentice-Hall Corporation System, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street, Suite 105**

City  
**Tallahassee** FL Zip Code  
**32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <del>XXXXXXXXXX</del> P	NAME <b>Richard L. Schulze</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	
TITLE <del>XXXXXXXXXX</del> V/D	NAME <b>Douglas Geoga</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	
TITLE <del>XXXXXXXXXX</del> v/s/D	NAME <b>Harold S. Handelsman</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	
TITLE <del>XXXXXXXXXX</del> V/T/D	NAME <b>Kirk Rose</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	
TITLE <del>XXXXXXXXXX</del> V	NAME <b>Kevin Poorman</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	
TITLE <del>XXXXXXXXXX</del> V	NAME <b>Christine Maki</b>	TITLE	
STREET ADDRESS <b>200 W. Madison</b>	CITY-ST-ZIP <b>Chicago, IL 60606</b>	NAME	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harold S. Handelsman **Harold S. Handelsman, VP & Secretary**

Date: 4-21-03 Daytime Phone #: 312-750-1234

CR2E034B (12/02)