

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90010 045 \*\*\*150.00

**DOCUMENT # F95000005741**

1. Corporation Name

**CAPITAL ASSOCIATES PROPERTIES, INC.**

Principal Place of Business  
1201 N. CLARK, SUITE 300  
CHICAGO IL 60610

Mailing Address  
1201 N. CLARK, SUITE 300  
CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**36-3930545**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

City & State

City & State

23

28

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE  
NAME **MCKAY, TERRY A**  
STREET ADDRESS **1201 N. CLARK, SUITE 300**  
CITY-ST-ZIP **CHICAGO IL 60610**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **ROSENBERG, THOMAS B**  
STREET ADDRESS **1201 N. CLARK, SUITE 300**  
CITY-ST-ZIP **CHICAGO IL 60610**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **KUPFERBERG, SCOTT M**  
STREET ADDRESS **1201 N. CLARK, SUITE 300**  
CITY-ST-ZIP **CHICAGO IL 60610**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **FOX, PETER B**  
STREET ADDRESS **1201 N. CLARK, SUITE 300**  
CITY-ST-ZIP **CHICAGO IL 60610**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE  
NAME **METZGER, JOHN P**  
STREET ADDRESS **1201 N. CLARK, SUITE 300**  
CITY-ST-ZIP **CHICAGO IL 60610**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**Scott Kupferberg 7/15/99**

**(312) 335-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0129206

1201 North Clark Street  
Suite 300  
Chicago, IL 60610-2270  
Fax 312-335-1717  
312-335-2600

July 21, 1999

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

## Capital Associates

FG500000574/  
599233-90016-45

**RE: Capital Associates Properties, Inc.**  
**Document No. F95000005741**

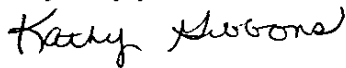
Gentlemen:

Enclosed is a copy of the 1999 Profit Corporation Annual Report and check dated 2/18/99 in the amount of \$150.00. This check has not cleared the bank and is presumed lost.

At this time, I am resubmitting the Annual Report along with a new check payable in the amount of \$150.00.

Please contact me at (312) 335-2617 if you have any questions.

Very truly yours,



Kathy Gibbons  
Corporate Accounting Manager

KG/tl

Enclosure