

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000005746

BSRT WOODCREST OFFICE CORP.

Principal Place of Business	Mailing Address
150 S. WACKER DR #2900	150 S. WACKER DR., #2900
CHICAGO IL 60606	CHICAGO IL 60806

2. Principal P	lace of Business	2a. Mailing Add	ress
21		26	
Suite, Apt.	#, etc.	Suite, Apt #	, etc.
22		[27]	
City & State	9	City & State	
23		28	
Zip	Country	Zıp	Country
24	25	29	30
	9 Name and Address of		

CT	CORPOR	OITA	N SYSTE	M
1200	SOUTH	PINE	ISLAND	ROAD
PLAN	MOITATI	FL 33	3324	

	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	This corporation owes the current year Personal Property Tax.	ar Intangible
Name	10. Name and Address of New Registe	ered Agent
Street Addre	ess (P.O. Box Number is Not Acceptable)	
City		85 Zin Code

93 FEB 10 6111:00

SECHETARY OF STATE TATLEPESSEE, FLORIDA

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/27/1995 4. FEI Number

36-4049832

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

85 Zip Code

Not Applicable \$8.75 Additional

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

82 83 84

office or r agent. I a	egistered agent, or both, in the State of Flor m familiar with, and accept the obligations o	ida. Such change was a if, Section 607.0505, Fto	uthorized by the corpora rida Statutes.	ition's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent and lide if applicable (NOTE: 12. OFFICERS AND DIRECTORS		Registred Appert segestate required when resisting. [13] LATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	[Change [] Addition
NAME	LEVINE, LEONARD G		12 NAME	400002778924~~ 6
STREET ADDRESS	150 S. WACKER DR., #2900		13 STREET ADORESS	-02/17/3901067014
CITY-57-ZIP	CHICAGO IL 60606		14 CiTY-ST-ZIP	****169 75 *****160 つこ
TITLE	VP	[] DELETE	21 TITLE	****158.75 *****158.75. []Change []Addition
NAME	HANSEN, NEIL D		22 NAME	- · · · · ·
STREET ADDRESS	150 S. WACKER DR., #2900		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		2 4 CITY-ST-ZIP	
TITLE	VP\$	C.) DELETE	3 1 TITL€	[] Change [] Addition
HAME	HIGGINS, ROBERT G		3.2 NAME	
STREET ADDRESS	150 S. WACKER DR., #2900		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		34 CITY-ST-ZIP	
TITLE	TAS	[] DELETE	41 TITLE	[] Change [] Addition
NAME	TEGLIA, JOEL L		4 2 NAME	
STREET ADDRESS	150 S. WACKER DR., #2900		4.3 STREET ADDRESS	
Crity-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP	
TITLE	VP .	[] DELETE	51 TITLE	[]Change []Addition
NAME	SCHMIDT, JAY E.		5.2 NAME	
STREET ADDRESS	150 S. WACKER DR., #2900		53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		5.4 CHY-\$1-ZIP	
TITLE	AS	☐ DEŁETE	6 1 TITLE	[[Chapge []]Addition
NAME	SWEICA, CHRISTOPHER J.		62 NAME	\(\frac{1}{2}\O_{1}\)
STREET ADDRESS	150 S. WACKER DR., #2900		63 STREET ADDRESS	$\mathcal{S}_{\mathcal{F}}^{\mathcal{F}}[\cdot, \mathcal{C}]^{\mathcal{F}}$
OTV-87-70	CHICAGO IL 60606		64 CITY-ST-7/P	ι

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 of this september of the 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 attach first plan address, with all other like empowered.

SIGNATURE:

Christopher J. Swieca

312 683-5581