## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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CR2E094B (12/01)

ELLED

DOCUMENT # F95000006069  1. Entity Name  HBC Associates, Inc.				02 JUL 29 AM 9: 20  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
							DO
2. Principal Place of Business 200 W. Madison		3. Mailing Address 200 W. Ma	dison				
_ · · · · ·		Suite, Apt. #, etc. 41st Floo	r	DO NOT WRITE IN THIS SPACE			
City & State Chicago, IL		City & State Chicago,		4. FEI Number 36-4002087		Applied For Not Applicable	
Zip <b>60606</b>	Country <b>USA</b>	Zip <b>60606</b>	Country <b>USA</b>	5. Certificate of Status Desired		8.75 Additional see Required	
DO NOT WRITE			A	7. Name and Address of Current Registered Agent			
			The	Name The Prentice-Hall Corporation System, Inc			
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			120	1201 Hays Street, Suite 105			
		•	City <b>Ta</b> l	lahassee	FL	Zip <b>32301</b>	
8. The above named of	entity submits this statement	t for the purpose of changir	ng its registered office or regi	stered agent, or both, in the State of Flor	ida.		
SIGNATURE Signature, I	yped or printed name of registered ag-	ent and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating)	DATE.		
Tax filing requirement and elects to do so.  After May 1, Fee Amended UBR			1 - May 1 Fee is \$150,00 May 1, Fee is \$550.00 nded UBR is \$61.25 ayable to Department of \$	10. Election Campaign Fina Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
11,	OFFICERS AN	ID DIRECTORS					

TITLE TITLE NAME NAME Schulze, Richard L. STREET ADDRESS STREET ADDRESS 200 W. Madison 000006726420 CITY-ST-ZIP CITY-ST-ZIP Chicago, IL 60606 TITLE TITLE VSTD Handelsman, Harold S. NAME NAME STREET ADDRESS 200 W. Madison STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chicago, IL 60606 TITLE TITLE NAME NAME Pritzker, Thomas J. STREET ADDRESS STREET ADDRESS 200 W. Madison Chicago, IL 60606 DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP

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

CITY-ST-ZIP

SIGNATURE:X

Borg, Frank

200 W. Madison

<u> Chicago, IL 60606</u>

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mellandelon

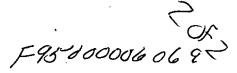
7/05/02

312-750-8162

IN THIS SPACE

Daytime Phong ≠

Attackment





ACCOUNT NO. : 07210000032

REFERENCE :

680455

4322610

AUTHORIZATION <:

COST LIMIT

ORDER DATE : July 26, 2002

ORDER TIME: 10:44 AM

ORDER NO. : 680455-010

CUSTOMER NO:

4322610

CUSTOMER: Ms. Charmaine R. Black

Hyatt Hotels Corporation 200 West Madison Street

Chicago, IL 60606

## ANNUAL REPORT FILING

NAME: HBC ASSOCIATES, INC.

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: