

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 038 ***150.00

DOCUMENT # F95000006246

1. Corporation Name
HARBOUR TOWN - OP&F, INC.

Principal Place of Business
101 CALIFORNIA ST
26TH FLOOR
SAN FRANCISCO CA 94111-853
US

Mailing Address
101 CALIFORNIA ST
26TH FLOOR
SAN FRANCISCO CA 94111-853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1995

4. FEI Number
94-3235533

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 607.1506, 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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME EGAN, GERALD E
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611-1901

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

TITLE VAS
NAME KING, JAMES D
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611-1901

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

TITLE V
NAME COOK, ROBERT J
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611-1901

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

TITLE V
NAME THOMPSON, GARY L
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611-1901

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

TITLE V
NAME FEINBERG, PETER F
STREET ADDRESS 55 E. 52ND ST, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10055-3198

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

TITLE TS
NAME FERKULL, PAULA M.
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611-1901

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

V
Turney, John R.
875 N. Michigan Ave., 41st Fl.
Chicago, IL 60611-1901

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, with all other like empowered.

SIGNATURE: Paula M. Ferkull, Treasurer/Secretary

1/6/99

(312) 266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0655371