

2000 UNIFORM BUSINESS REPORT (UBR)

0552063

DOCUMENT # F95000006295

1. Entity Name

CMD PROPERTIES, INC.

FILED

00 FEB 18 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

227 WEST MONROE ST., STE. 3900
CHICAGO IL 60606

227 WEST MONROE ST., STE. 3900
CHICAGO IL 60606-5085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number 36-4071680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILGALLON, PAUL J
899 W. CYPRESS CREEK RD., STE. 109
FT. LAUDERDALE FL 33309-2046

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

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.

SIGNATURE *Deborah D. Skipper*

Deborah D. Skipper
as its agent

2/18/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME ELLENBOGEN, STEVEN W
STREET ADDRESS 227 WEST MONROE ST., STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHALLER, RICHARD G
STREET ADDRESS 227 WEST MONROE ST., STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME SELIG, RANDAL J
STREET ADDRESS 227 WEST MONROE ST., STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME KILGALLON, PAUL J
STREET ADDRESS 227 WEST MONROE ST., STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☒ Addition
NAME Allen D. Aldridge
STREET ADDRESS 2500 Meridian Parkway, Suite 135
CITY-ST-ZIP Durham, North Carolina 27713

TITLE VT ☐ Delete
NAME BROSNAN, PETER G
STREET ADDRESS 227 WEST MONROE ST., STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randal J. Selig Randal J. Selig

1/27/2000

(312) 726-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)