

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004748

1. Entity Name

CB SANLANDO CENTER, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90086 049 ***150.00

Principal Place of Business

Mailing Address

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

101 CALIFORNIA ST
 26TH FLOOR
 SAN FRANCISCO CA 94111-5802
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3251106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	STEPPE, STEPHEN M	
STREET ADDRESS	101 CALIFORNIA ST, 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, ROBERT J	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, JAMES D	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'MEARA, NORTON F	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	V	<input type="checkbox"/> Delete
NAME	OTTO, WARREN H	
STREET ADDRESS	101 CALIFORNIA ST, 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Paula M. Ferkull	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer and Secretary	
STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
CITY-ST-ZIP	Chicago, Illinois 60611-1901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paula M. Ferkull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Ferkull
 Treasurer and Secretary

March 22, 2000 (312)

Date

Daytime Phone #

266-9300

CR2E034 (9/99)