


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000004748  
 1. Entity Name  
 CB SANLANDO CENTER, INC.



Principal Place of Business: 101 CALIFORNIA ST, 26TH FLOOR, SAN FRANCISCO, CA 94111-853 US  
 Mailing Address: 875 N. MICHIGAN AVENUE, 41 FLOOR, CHICAGO, IL 60611 US

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number: 94-3251106 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPPE, STEPHEN M 101 CALIFORNIA ST, 26TH FLOOR SAN FRANCISCO, CA 941115853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERKULL, PAULA M 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ROBERT J 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KACHADURIAN, GARY T 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA STREET 26 FL SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, DONALD A. JR 845 N. MICHIGAN AVE. CHICAGO, IL 606111901

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 02/23/05-20021-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Robert J. Cook Robert J. Cook, Vice President 2/2/05 312-2-6-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #