

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 034 ***150.00

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
875 N. Michigan Avenue
Suite, Apt. #, etc.
41 Floor
City & State
Chicago, Illinois
Zip 60611 Country U.S.A.



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 941118553	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FERKULL, PAULA M 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ROBERT J 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KACHADURIAN, GARY T 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, CHRISTOPHER L 875 N. MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, DONALD A. JR 845 N. MICHIGAN AVE. CHICAGO, IL 606111901	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Paula M. Ferkull 875 N. Michigan Ave, 41 Floor Chicago, IL 60611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marlena M. Casellini 101 California Street, 26 Fl San Francisco, CA 94111-5853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* Paula M. Ferkull, Secretary 03-31-03 312-266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)