

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90020 038 ***550.00

DOCUMENT # F96000005161

1. Corporation Name

CARVILL GP CORP.



Principal Place of Business

200 WEST MADISON STREET, STE 3800
CHICAGO IL 60606

Mailing Address

200 WEST MADISON STREET, STE 3800
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

36-4106901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
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 3700

27 3700

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.1508, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PRITZER, PENNY
STREET ADDRESS 200 WEST MADISON STREET, 38TH FLOOR
CITY-ST-ZIP CHICAGO IL

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

TITLE VTD ☐ DELETE
NAME MILLER, GLEN
STREET ADDRESS 200 WEST MADISON STREET, 38TH FLOOR
CITY-ST-ZIP CHICAGO IL

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

TITLE VS ☐ DELETE
NAME BENNETT, FREDERICK J
STREET ADDRESS 4605 VILLAGE CENTER DRIVE
CITY-ST-ZIP PALM HARBOR FL

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

TITLE VASD ☐ DELETE
NAME POORMAN, JOHN K
STREET ADDRESS 200 WEST MADISON STREET, 38TH FL
CITY-ST-ZIP CHICAGO IL

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

TITLE V ☐ DELETE
NAME COHEN, ROBBIN J
STREET ADDRESS 200 W. MADISON ST., #3800
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Poorman / VASD

5/19/99

Date

(312) 920-2450

Daytime Phone #

CR2E034 (11/98)