

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90046 044 ***150.00

DOCUMENT # F96000005161

1. Entity Name

CARVILL GP CORP.

Principal Place of Business

**200 WEST MADISON ST
STE 3700
CHICAGO IL 60606**

Mailing Address

**200 WEST MADISON ST
STE 3700
CHICAGO IL 60606**

933754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-4106901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRITZER, PENNY	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FLOOR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GLEN	
STREET ADDRESS	200 WEST MADISON STREET, 25TH FL.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, FREDERICK J	
STREET ADDRESS	4605 VILLAGE CENTER DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	POORMAN, JOHN K	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, ROBBIN J	
STREET ADDRESS	200 WEST MADISON STREET, 37TH FL	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	PANZER, SUSAN B	
STREET ADDRESS	200 WEST MADISON, 37TH FL	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin D. Lynch	
STREET ADDRESS	200 W. Madison Street, 35th Fl.	
CITY-ST-ZIP	Chicago, IL 60606	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Kevin Poorman, VP

3/8/01

312-920-2400

Date

Daytime Phone #

CR2E034 (10/00)