

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90118 048 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PRITZER, PENNY  
STREET ADDRESS 200 WEST MADISON STREET, 37TH FLOOR  
CITY-ST-ZIP CHICAGO, IL

TITLE V  
NAME LYNCH, KEVIN D  
STREET ADDRESS 200 W MADISON ST., 35TH FL  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VSD  
NAME POORMAN, JOHN K  
STREET ADDRESS 200 WEST MADISON STREET, 37TH FL  
CITY-ST-ZIP CHICAGO, IL

TITLE VTD  
NAME COHEN, ROBBIN J  
STREET ADDRESS 200 WEST MADISON STREET, 37TH FL  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**John Kevin Poorman, Vice President**

**4-14-04**