

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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



02142005 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 reissuing)

DATE

**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 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

000000341396

04/29/05-80015-006 150.00

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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

04/18/05