

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005429**

1. Entity Name  
**KEYSTONE GROUP HOLDINGS, INC.**



**Principal Place of Business**

**400 N ASHLEY DR  
STE 1900  
TAMPA, FL 33602**

**Mailing Address**

**400 N ASHLEY DR  
STE 1900  
TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3405762**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VON HORN, BRENT N  
100 N. TAMPA ST., #3100  
TAMPA, FL 33602**

**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, 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 HORN, ROBERT G  
STREET ADDRESS 400 N ASHLEY DR STE 1900  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VTSD  
NAME TIDWELL, STEVEN A  
STREET ADDRESS 400 N ASHLEY DR STE 1900  
CITY-ST-ZIP TAMPA, FL 33602

TITLE D  
NAME RAUNER, BRUCE  
STREET ADDRESS 6100 SEARS TOWER  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE D  
NAME DONNINI, DAVID A  
STREET ADDRESS 6100 SEARS TOWER  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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 registered 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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven A. Tidwell, EVP**

**4-4-05 813/225-4650**

Date

Daytime Phone #