

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91066 004 \*\*\*150.00

**DOCUMENT # F9600006134**



1. Entity Name  
**RVCF CORP. A**

Principal Place of Business  
875 N. MICHIGAN AVE., 41ST FL  
CHICAGO, IL 60611-901 US

Mailing Address  
101 CALIFORNIA ST  
26TH FLOOR  
SAN FRANCISCO, CA 60611-901 US

**20032347**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address  
**875 N. Michigan Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**41 Floor**

City & State

City & State  
**Chicago, Illinois**

4. FEI Number  
**36-4135243**

Applied For  
Not Applicable

Zip Country

Zip Country  
**60611 U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME KING JR, DONALD A  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME HUGHES, CHRISTOPHER L  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE Treasurer  Change  Addition  
NAME Marlena M. Casellini  
STREET ADDRESS 101 California Street, 26 Floor  
CITY-ST-ZIP San Francisco CA 94111

TITLE V  Delete  
NAME COOK, ROBERT J  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME KACHADURIAN, GARY L  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  Delete  
NAME FERKULL, PAULA M  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE Secretary & Vice Pres.  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME KNUDSON, KAREN J  
STREET ADDRESS 875 N MICHIGAN AVE, 41ST FL  
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Paula M. Ferkull*

Paula M. Ferkull, Vice Pres/Secty. 03-31-03 312-266-937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone # 9300

CFR2034 (10/02)