

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F960Q0006539**

1. Entity Name

**CONTINENTAL REALTY CORPORATION OF ILLINOIS****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90109 013 \*\*\*150.00

Principal Place of Business

Mailing Address

**875 N MICHIGAN AVE #3620  
CHICAGO IL 60611****875 N MICHIGAN AVE #3620  
CHICAGO IL 60611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **36-3286998**

Applied For

Not Applicable

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

**MANSUR, E BARRY  
1117 SCHEFFLERA DR  
CAPTIVA FL 33924**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DCPS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MANSUR, E BARRY	1117 SCHEFFLERA DR	CAPTIVA FL 33924							
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MANSUR, E BARRY	1117 SCHEFFLERA DR	CAPTIVA FL 33924							
	V			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WEITZMAN, JAY A	812 ALTGELD	CHICAGO IL 60614							
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kurt Koeplin	801 Park Avenue	Wilmette IL 60091							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Kurt D. Koeplin*

Kurt Koeplin 2/20/01

(312)263-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)