

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90130 013 ***150.00

DOCUMENT # F97000000479

1. Entity Name
DORAL GP CORP.

Principal Place of Business
**200 W MADISON ST #3800
 CHICAGO IL 60606**

Mailing Address
**200 W MADISON ST #3800
 CHICAGO IL 60606-3414**

2. Principal Place of Business
**200 West Madison Street
 Suite, Apt. #, etc.
 Suite 3700**

3. Mailing Address
**200 West Madison Street
 Suite, Apt. #, etc.
 Suite 3700**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **36-4119696**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **DP** Delete
 NAME **PRITZKER, PENNY**
 STREET ADDRESS **200 W MADISON ST #3800**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS **200 West Madison Street, Suite 3700**
 CITY-ST-ZIP

TITLE **DVT** Delete
 NAME **MILLER, GLEN**
 STREET ADDRESS **200 W MADISON ST #3800**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS **200 West Madison Street, Suite 2500**
 CITY-ST-ZIP

TITLE **DVS** Delete
 NAME **TURNER, ALLEN M**
 STREET ADDRESS **200 W MADISON ST #3800**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **POORMAN, JOHN KEVIN**
 STREET ADDRESS **200 W MADISON ST #3800**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS **200 West Madison Street, Suite 3700**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V Robbin Cohen**
 STREET ADDRESS **200 West Madison Street, Suite 3700**
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V Susan B. Panzer**
 STREET ADDRESS **200 West Madison Street, 36th Floor**
 CITY-ST-ZIP **Chicago, IL 60606**

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: *Susan B. Panzer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan B. Panzer, VP

2/9/00
 Date

312-920-2474
 Daytime Phone #

CR2E034 (9/99)