

2000 UNIFORM BUSINESS REPORT (UBR)

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

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4119696

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

7. Name and Address of New Registered Agent

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, 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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PRITZKER, PENNY | |
| STREET ADDRESS | 200 W MADISON ST #3800 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | MILLER, GLEN | |
| STREET ADDRESS | 200 W MADISON ST #3800 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | TURNER, ALLEN M | |
| STREET ADDRESS | 200 W MADISON ST #3800 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | POORMAN, JOHN KEVIN | |
| STREET ADDRESS | 200 W MADISON ST #3800 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 200 West Madison Street, Suite 3700 |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 200 West Madison Street, Suite 2500 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 200 West Madison Street, Suite 3700 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V |
| STREET ADDRESS | Robbin Cohen |
| CITY-ST-ZIP | 200 West Madison Street, Suite 3700 Chicago, IL 60606 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V |
| STREET ADDRESS | Susan B. Panzer |
| CITY-ST-ZIP | 200 West Madison Street, 36th Floor 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

Susan B. Panzer, VP

2/9/00

312-920-2474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE