FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

CORPORATION

ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004066

Corporation Name

PRE GP IV, INC.

Principal Place of Business Mailing Address

200 W. MADISON ST., 38TH FLOOR CHICAGO IL 60606

2. Principal Place of Business

21

200 W. MADISON ST., 38TH FLOOR CHICAGO IL 60606

2a. Mailing Address

26

FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90020 036 ***550.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/04/1997

36-4169541

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	I	
22		27				0. 00/mod/0 0/ Diction 100/	Fee Red	quired	
City & State City			City & State			6. Election Campaign Financing	\$5.00	,	
28						Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		Country	,	8. This corporation owes the current year I		_	
25 29 30				o l		Personal Property Tax.	☐Yes	No	
	9. Name and Address of Current I	Registered A	gent			10. Name and Address of New Registere	1 Agent	<u></u>	
					Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				02	ou officer radios (r. c. box rombs: a record				
				83					
							los Zin C		
				84	City	F	L 85 Zip C	,ode	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508	Florida Statutes	the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the State of	Florida, Such	i change was auth	orized by	the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered	
agent. I ai	m familiar with, and accept the obligatio	ns or, Section	1 607.0505, FIDRIG	a Statutes	5.			- [
SIGNATURE	Signature, typed or printed name of registered agent a	nd titte if analicable	(NOTE: Re	nistered Age	nt signature require	ed when reinstating) DATE			
12.	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD DELETE			1.1 TITLE			☐ Change	☐ Addition	
NAME	PRITZKER, PENNY			1.2 NAME					
STREET ADDRESS	200 W. MADISON ST., 38TH FLO	nnr		1	TADDRESS				
	CHICAGO IL 60606	, OII		9					
CITY-ST-ZIP	VSD		DELETE	1.4 CITY - 5 2.1 TITLE	51-ZIP		Change	[Addition	
TITLE	POORMAN, JOHN K		- Deterie	2.1 MILE 2.2 NAME				_	
NAMÉ		ΔD							
STREET ADDRESS	200 W. MADISON ST., 38TH FLO	JUR			TADDRESS				
CITY-ST-ZIP	CHICAGO IL 60606		O DELETE	2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE	VID		☐ DELETE	3.1 TITLE			Change		
NAME	COHEN, ROBBIN			3.2 NAME				-	
STREET ADDRESS	200 W. MADISON ST., 38TH FLO	OH		3.3 STREE	TADDRESS			l	
CITY-ST-ZIP	CHICAGO IL 60606			3.4. CITY-	ST-ZIP				
TITLE			☐ DELETÉ	4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	TADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME				5.2 NAME					
STREET ADDRESS				53 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	TADORESS				
CITY-ST-ZIP				6.4 CITY-S	ST-ZIP				
14. I hereby o	certify that the information supplied with	this filing doe	s not qualify for th	e exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation	
indicated	on this annual report or supplemental a	nnual report i	s true and accura	te and tha	it my signatur	e shall have the same legal effect as if made ur	der oath; that I	am an	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

5/19/99 (312) 920 - 2450 Date Phone # CR2E034 (11/98)