

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004073

1. Entity Name

PRE GP I, INC.

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

03-20-2000 90130 009 \*\*\*150.00

Principal Place of Business

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

Mailing Address

200 W. MADISON ST., #38TH FLOOR  
CHICAGO IL 60606-3417

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

4. FEI Number

36-4169541

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PRITZKER, PENNY  
STREET ADDRESS 200 W. MADISON ST., #38TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60606

☐ Delete

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

TITLE VSD  
NAME POORMAN, JOHN K  
STREET ADDRESS 200 W. MADISON ST., #38TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60606

☐ Delete

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

TITLE VTD  
NAME COHEN, ROBBIN  
STREET ADDRESS 200 W. MADISON ST., #38TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60606

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)