

8/21/01-90024-001-\$1,100.00-\$550.00

0130987 AT

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004847**

1. Entity Name

MCM UNIVERSITY PLAZA, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 5250 17TH STREET SARASOTA FL 34235 US		Mailing Address 20 S. CLARK ST., 3RD FLOOR CHICAGO IL 60603		4. FEI Number 36-4118464 Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address 20 S. Clark St		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2800			
City & State		City & State Chicago, Illinois			
Zip	Country	Zip	Country		
		60603	USA		
6. Name and Address of Current Registered Agent MARKOWITZ, MICHAEL C 5250 -17 ST 2ND FLR SARASOTA FL 34235			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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 <i>Jeffrey R. Graves</i> Jeffrey R. Graves Assistant Secretary DATE 9/6/01 <small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST MARKOWITZ, MICHAEL C 20 S. CLARK ST., 3RD FLOOR CHICAGO IL 60603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Michael C. Markovitz 20 S. Clark St., Suite 2800 Chicago, Illinois 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARKOWITZ, MICHAEL C 20 S. CLARK ST., 3RD FLOOR CHICAGO IL 60603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Michael C. Markovitz 20 S. Clark St., Suite 2800 Chicago, Illinois 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPO GRADOWSKI, CHARLES T 20 S CLARK ST CHICAGO IL 60603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles T. Gradowski 20 S. Clark St., Suite 2800 Chicago, Illinois 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Charles T. Gradowski</i> CHARLES T GRADOWSKI 7/20/01 312 279 8803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/01)