

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005017

1. Entity Name

SLEEPY LAKE CORPORATION

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90027 014 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025

C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025-3384

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4648726

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  
NAME PD  
STREET ADDRESS MCSWEEN, ROBERT D  
CITY-ST-ZIP 135 E 57TH ST  
NEW YORK NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 230 Park Avenue 14th Floor  
CITY-ST-ZIP New York, NY 10169 ☒ Change ☐ Add

TITLE  
NAME VD  
STREET ADDRESS MUTH, BRAD  
CITY-ST-ZIP 676 N MICHIGAN AVE #3350  
CHICAGO IL 60611 ☐ Delete

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

TITLE  
NAME VD  
STREET ADDRESS WICKSER, JOHN  
CITY-ST-ZIP 11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Suite 500 ☒ Change ☐ Add

TITLE  
NAME V  
STREET ADDRESS QUIGLEY, DAVID  
CITY-ST-ZIP 11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Suite 500 ☒ Change ☐ Add

TITLE  
NAME S  
STREET ADDRESS ENSBURY, LINDA  
CITY-ST-ZIP 11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Suite 500 ☒ Change ☐ Add

TITLE  
NAME T  
STREET ADDRESS MOHAMMED, YASMIN  
CITY-ST-ZIP 11100 SANTA MONICA BLVD.  
LOS ANGELES CA 90025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Suite 500 ☒ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda K. Ensbury  
Linda K. Ensbury

Secretary 1-28-00 310-966-7000

Date

Daytime Phone #