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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90036 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006328

1. Corporation Name

LASALLE LCS ORLANDO 97, INC.

Principal Place of Business

200 EAST RANDOLPH SUITE 4322
CHICAGO IL 60601

Mailing Address

200 EAST RANDOLPH SUITE 4322
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

36-4181769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNELLO, MICHAEL D	1.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTURE, JOHN F	2.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, ROBERT K	3.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINMAN, NINA	4.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, TODD	5.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, ROBERT K	6.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH SUITE 4322	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert K. Hagan

1/7/99

(312) 782-5800

Date

Daytime Phone #

CR2E034 (11/98)