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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000006504

1. Corporation Name

HIAWASSEE OAK CORPORATION

Principal Place of Business

% ING BARINGS
11100 SANTA MONICA BLVD. SUITE 500
LOS ANGELES CA 90025

Mailing Address

% ING BARINGS
11100 SANTA MONICA BLVD. SUITE 500
LOS ANGELES CA 90025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

95-4661684

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 C/O ING-Reality Partners

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 C/O ING-Reality Partners

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME MCSWEEN, ROBERT D

STREET ADDRESS 135 E 57TH ST

CITY-ST-ZIP NEW YORK NY 10022

TITLE V ☐ DELETE

NAME QUIGLEY, DAVID

STREET ADDRESS 11100 SANTA MONICA BOULEVARD

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE S ☐ DELETE

NAME ENSBURY, LINDA

STREET ADDRESS 11100 SANTA MONICA BOULEVARD

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE T ☐ DELETE

NAME MOHAMMED, YASMIN

STREET ADDRESS 11100 SANTA MONICA BOULEVARD

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE VD ☐ DELETE

NAME MUTH, BRAD

STREET ADDRESS 676 N MICHIGAN AVE, SUITE 3350

CITY-ST-ZIP CHICAGO IL 60611

TITLE D ☐ DELETE

NAME ASSENHEIMER, FRED

STREET ADDRESS 135 E 57TH ST

CITY-ST-ZIP NEW YORK NY 10022

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Linda K. Ensberry
Signature and Typed or Printed Name of Signing Officer or Director

1/21/99
Date

310-966-2000
Daytime Phone #

CR2E034 (11/98)