

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000006504**

1. Entity Name

**HIAWASSEE OAK CORPORATION****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90006 019 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD. SUITE 500  
LOS ANGELES CA 90025C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD. SUITE 500  
LOS ANGELES CA 90025-3384

A0016932

2. Principal Place of Business

3. Mailing Address

C/O ING Realty Management, LLC C/O ING Realty Management, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **95-4661684**

Applied For

Not Applied

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 MCSWEEN, ROBERT D  
STREET ADDRESS 135 E 57TH ST  
CITY-ST-ZIP NEW YORK NY 10022 ☐ DeleteTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 230 Park Avenue, 14th Floor  
CITY-ST-ZIP New York, NY 10169TITLE V  
NAME QUIGLEY, DAVID  
STREET ADDRESS 11100 SANTA MONICA BOULEVARD  
CITY-ST-ZIP LOS ANGELES CA 90025 ☐ DeleteTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 500  
CITY-ST-ZIPTITLE S  
NAME ENSBURY, LINDA  
STREET ADDRESS 11100 SANTA MONICA BOULEVARD  
CITY-ST-ZIP LOS ANGELES CA 90025 ☐ DeleteTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 500  
CITY-ST-ZIPTITLE T  
NAME MOHAMMED, YASMIN  
STREET ADDRESS 11100 SANTA MONICA BOULEVARD  
CITY-ST-ZIP LOS ANGELES CA 90025 ☐ DeleteTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 500  
CITY-ST-ZIPTITLE VD  
NAME MUTH, BRAD  
STREET ADDRESS 676 N MICHIGAN AVE, SUITE 3350  
CITY-ST-ZIP CHICAGO IL 60611 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  
NAME ASSENHEIMER, FRED  
STREET ADDRESS 135 E 57TH ST  
CITY-ST-ZIP NEW YORK NY 10022 ☐ DeleteTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 55 E. 52nd Street, 32nd Floor  
CITY-ST-ZIP New York, NY 10055

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:

Linda K. Ensbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 1-28-00 310-966-2000

Date

Daytime Phone #