5/10

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-10-2002 90009 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006556

1. Entity Name
Bay West Venture, Inc. of Delaware ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 N. Michigan Ave.	900 N. Michigan Ave.
Suite, Apt. #, etc 1900	Suite, Apt. #, etc. 1900
City & State Chicago, IL	City & State Chicago, IL
Zip 60611 Country Cook	Zip 60611 Country Cook

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4195374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $500.00
Reinstatement Fee is $61.25
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

TITLE	V
NAME	Caffarelli, Craig
STREET ADDRESS	900 N. Mihigan Ave.
CITY-ST-ZIP	Chicago, IL 60611
TITLE	EVT
NAME	Elrad, Michael
STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	Chicago, IL 60611
TITLE	EV
NAME	Geller, Norman S.
STREET ADDRESS	9263 N. 113th Way
CITY-ST-ZIP	Chicago, IL 60611
TITLE	PD
NAME	Malkin, Barry A.
STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	Chicago, IL 60611
TITLE	S
NAME	Nielsen, Paul C.
STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	Chicago, IL 60611
TITLE	AS
NAME	Schwartz, Kimberly
STREET ADDRESS	900 N. Michigan
CITY-ST-ZIP	Chicago, IL 60611

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly Schwartz Kimberly Schwartz, Asst. Secretary (312) 915-1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #