

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90054 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000006556 1. Entity Name BAY WEST VENTURE, INC. OF DELAWARE						90133813	
Principal Place of Business 900 N. MICHIGAN AVE STE 1900 CHICAGO, IL 60611				Mailing Address 900 N. MICHIGAN AVE STE 1900 CHICAGO, IL 60611			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 36-4195374				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing) Signature, typed or printed name of registered agent and title if applicable.							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAFFARELLI, CRAIG 900 N. MICHIGAN AVE. CHICAGO, IL 60611			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT ELRAD, MICHAEL 900 N. MICHIGAN AVE. CHICAGO, IL 60611			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GELLER, NORMAN S 9263 N. 113TH WAY SCOTTSDALE, AZ 85269			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALKIN, BARRY A 900 N. MICHIGAN AVE. CHICAGO, IL 60611			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILSEN, PAUL C 900 N. MICHIGAN AVE. CHICAGO, IL 60611			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, KIMBERLY 900 N. MICHIGAN AVE. CHICAGO, IL 60611			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Kim Schwartz</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/29/03 (312) 915-1931 Date Daytime Phone			

CH2EC34 (10/02)

Kim Schwartz
 Kim Schwartz
 Asst. Secretary