

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002424

1. Entity Name

BSRT PORTFOLIO CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 29 PM-2:41

Principal Place of Business

Mailing Address

150 S. WACKER DR., STE. 2900
ATTN: ROBERT G. HIGGINS
CHICAGO IL 60606

150 S. WACKER DR., STE. 2900
ATTN: ROBERT G. HIGGINS
CHICAGO IL 60606-4206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4224591

Applied For

Not Applicable

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

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

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 D ☐ Delete
NAME AUCH, WALTER E SR.
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE AS ☐ Change ☒ Addition
NAME Christopher J. Swieca
STREET ADDRESS 150 S. Wacker Dr., Ste 2900
CITY-ST-ZIP Chicago, IL 60606

TITLE D ☒ Delete
NAME GOLD, NORMAN M
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME 8000003195732--6
STREET ADDRESS -04/04/00--01088--019
CITY-ST-ZIP ****158.75 ****158.75

TITLE D ☒ Delete
NAME SOTOLOFF, MARVIN A
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME LEVINE, LEONARD G
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HANSEN, NEIL D
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HIGGINS, ROBERT G
STREET ADDRESS 150 S. WACKER DR., STE. 2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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.

312-683-5531

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Swieca, Asst. Sec.

Date

Daytime Phone #

CR2E034 (9/99)