

# 2001 UNIFORM BUSINESS REPORT (UBR)

0567490

DOCUMENT # F98000002424

1. Entity Name  
BSRT PORTFOLIO CORP.

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

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

FILED

01 MAY -2 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-4224591</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D AUCH, WALTER E SR. 150 S. WACKER DR., STE. 2900 CHICAGO IL 60606					
AS SWIECA, CHRISTOPHER J 150 S WACKER DR, STE 2900 CHICAGO IL 60606	<input type="checkbox"/> Delete		VP, S Christopher J. Swieca	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
P LEVINE, LEONARD G 150 S. WACKER DR., STE. 2900 CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete		Interim President L.G. Schafran 150 S. Wacker Dr., #2900 Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
V HANSEN, NEIL D 150 S. WACKER DR., STE. 2900 CHICAGO IL 60606	<input checked="" type="checkbox"/> Delete		VP Charles V. George 150 S. Wacker Dr., #2900 Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
S HIGGINS, ROBERT G 150 S. WACKER DR., STE. 2900 CHICAGO IL 60606	<input type="checkbox"/> Delete		VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.04(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 other like empowered.

SIGNATURE: Christopher J. Swieca, VP 4/20/01 312-683-5531

CR2E034 (10/00)