

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # F98000002965

1. Entity Name

IPERS RIVERPLACE SHOPPING CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-27-2000 90086 046 ***150.00

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO CA 94111-5853 | 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO CA 94111-5802 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|-----------------------------|------------------------|----------------|
| 4. FEI Number 94-3301211 | APPLIED FOR | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | DP KING, DONALD A 875 N. MICHIGAN AVE., 41ST FL. CHICAGO IL 60611-1901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS EGAN, GERALD E 875 N. MICHIGAN AVE., 41ST FL. CHICAGO IL 60611-1901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Robert H. Hamor 55 East 52nd Street, 31st Floor New York, New York 10055-3198 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BONEHAM, PAMELA SCHMIDT 875 N. MICHIGAN AVE., 41ST FL. CHICAGO IL 60611-1901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DEMAY, TRACY L 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO CA 94111-5853 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer and Secretary Paula M. Ferkull 875 North Michigan Avenue, 41st Floor Chicago, Illinois 60611-1901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STEPPE, STEPHEN M 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO CA 94111-5853 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V THOMPSON, GARY L 875 N. MICHIGAN AVE., 41ST FL. CHICAGO IL 60611-1901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: *Paula M. Ferkull* Paula M. Ferkull March 22, 2000
Treasurer and Secretary (312) 266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)