

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90086 035 \*\*\*150.00

**DOCUMENT #** F98000003080

1. Corporation Name

LP Management Corp.

Principal Place of Business

2 N. Riverside Plaza  
Chicago, IL 60606

Mailing Address

2 N. Riverside Plaza  
Chicago, IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

June 1, 1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 c/o Ann M. Schneider

Suite, Apt. #, etc.

27 2 N. Riverside Pl., #1600

City & State

28 Chicago, IL

Zip

29 60606

Country

30 USA

4. FEI Number

36-3870337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Lexis Document Services Inc.  
3953 WW Kelley Road  
Tallahassee, FL 32311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/EVP/T ☐ DELETE  
NAME Thomas P. Heneghan, Jr.  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

TITLE D/EVP/AS ☐ DELETE  
NAME Ellen Kelleher  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

TITLE D/P ☐ DELETE  
NAME Howard Walker  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

TITLE D/C ☐ DELETE  
NAME Samuel Zell  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

TITLE S ☐ DELETE  
NAME Ann M. Schneider  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

TITLE V ☐ DELETE  
NAME David Fell  
STREET ADDRESS 2 N. Riverside Plaza  
CITY-ST-ZIP Chicago, IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ann M. Schneider, Secretary

4/1/99

Date

312-466-3607

Daytime Phone #

CR2E034 (11/98)