

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003080

1. Entity Name

LP MANAGEMENT CORP.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90017 033 ***150.00

Principal Place of Business

2 NORTH RIVERSIDE
CHICAGO IL 60606

Mailing Address

2 NORTH RIVERSIDE
CHICAGO IL 60606-2600

2. Principal Place of Business

c/o Jennifer Usher

3. Mailing Address

c/o Jennifer Usher

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3870337

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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	DP	<input type="checkbox"/> Delete
NAME	WALKER, HOWARD	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	FELL, DAVID	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, ANN	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DEVT	<input type="checkbox"/> Delete
NAME	HENEGHAN, THOMAS P	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DEVS	<input type="checkbox"/> Delete
NAME	KELLEHER, ELLEN	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *By David W. Felle* **David Felle** Secretary

312/279-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)