


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F98000004805</b><br>1. Entity Name<br><b>COASTLAND CENTER, INC.</b> |  |
|---|---|

Principal Place of Business  
**110 N. WACKER  
CHICAGO, IL 60606**

Mailing Address  
**110 N. WACKER  
CHICAGO, IL 60606**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>36-4247056</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000147330  
05/03/04-80102-003 150.00**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MICHAELS, ROBERT A<br>110 N. WACKER<br>CHICAGO, IL 60606 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>FREIBAUM, BERNARD<br>110 N. WACKER<br>CHICAGO, IL 60606 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCEO<br>BUCKSBAUM, JOHN<br>110 N. WACKER<br>CHICAGO, IL 60606  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>RONALD, GERN<br>110 N. WACKER<br>CHICAGO, IL 60606      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>BAYER, JOEL<br>110 N. WACKER<br>CHICAGO, IL 60606       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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**

**Bernard Freibaum**

**Date**

**4-16-04**

**Daytime Phone #**

**312-960-5205**