2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000004805

1. Entity Name
COASTLAND CENTER, INC.

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

DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4247056
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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05/10/07-80066-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/20/07 312-960-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #