FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 14 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005416

1. Entity Name
CMS/Byron Hall, Inc.

DO NOT WRITE IN THIS SPACE

2002 UBR

2. Principal Place of Business	3. Mailing Address
1996 S. Kirk Rd.	3500 Three First National Plaza
Suite, Apt. #, etc. Suite 320	Suite, Apt. #, etc.
City & State Geneva, Illinois	City & State Chicago, Illinois
Zip 60134 Country U.S.A.	Zip 60602 Country U.S.A.

4. FEI Number 36-4249209 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD
NAME	Carlson, Edward A.
STREET ADDRESS	1996 S. Kirk Rd., Suite 320
CITY-ST-ZIP	Geneva, IL 60134
TITLE	S
NAME	Brett, Thomas F. II
STREET ADDRESS	161 N. Clark St., Suite 3100
CITY-ST-ZIP	Chicago, IL 60601
TITLE	S
NAME	Thomas F. Brett, II
STREET ADDRESS	3500 Three First National Plaza
CITY-ST-ZIP	Chicago, IL 60602

02/28/02 90051 020 $50.00
88.75 - ARSUPP
11.25 - AR

DO NOT WRITE IN THIS SPACE

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****100.00 ****100.00

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Brett II, Secretary 5/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas F. Brett, II