

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90106 020 ***150.00

DOCUMENT # F98000006032

1. Entity Name

ILM II HOLDING, INC.

Principal Place of Business

28 STATE STREET, STE 1100
 BOSTON MA 02109

Mailing Address

28 STATE STREET, STE 1100
 BOSTON MA 02109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3783950

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 2001 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 P ☒ Delete
 NAME CARLSON, DAVID
 STREET ADDRESS 28 STATE STREET, STE 1100
 CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME REDELE, JULIEN G
 STREET ADDRESS 211 N UNION STREET, STE 111
 CITY-ST-ZIP ALEXANDRIA VA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME DWYER, JEFFREY-R
 STREET ADDRESS 1300 CONNECTICUT AVE., NW STE 1000
 CITY-ST-ZIP WASHINGTON DC

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SHARMAN, J. WILLIAM
 STREET ADDRESS 515 LOUISIANA -STE 300
 CITY-ST-ZIP HOUSTON TX

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SCHRAMM, CARL J
 STREET ADDRESS 658 KENILWORTH DR. STE 100
 CITY-ST-ZIP TOWSON MD 21204

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME President
 STREET ADDRESS Sharmen, J. William
 CITY-ST-ZIP 515 Louisiana - Ste 300
 Houston TX 77002

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:

David Carlson David Carlson, Authorized Agent

Date

1/31/01

Daytime Phone #

607-573 5035

CR2E034 (10/00)