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## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F98000006276 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name PRE GP VI. INC. 03-20-2000 90130 006 \*\*\*150.00 Principal Place of Business Mailing Address 200 WEST MADISON ST., STE, 3700 200 WEST MADISON ST., STE. 3700 CHICAGO IL 60606-3414 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-4169541 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 8. The above named entity submits this statement for the purpuse 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MÄY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE ☐ Delete TITLE PRITZKER, PENNY NAME 200 WEST MADISON ST., STE. 3700 STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP CITY-\$T-ZIP DVS ☐ Delete TITLE ☐ Change ☐ Addition TITLE POORMAN, JOHN K NAME NAME 200 WEST MADISON ST., STE. 3700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 DVT Change ☐ Addition TITI F ☐ Delete TITLE COHEN, ROBBIN NAME NAME 200 WEST MADISON ST., STE. 3700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE ☐ Change ▼ Addition ☐ Delete TITLE Susan B. Panzer NAME NAME 200 West Madison Street, 36th Floor STREET ADDRESS STREET ADDRESS Chicago, IL 60606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 people 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

Man 12 / Oral B. Susan B. Panzer, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 9

2/9/00

312-920-2474

e Daytime Phone #