

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90118 050 ***150.00

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1. Entity Name
PRE GP VI, INC.



Principal Place of Business
200 WEST MADISON ST., STE. 3700
CHICAGO, IL 60606

Mailing Address
200 WEST MADISON ST., STE. 3700
CHICAGO, IL 60606



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4169541
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

**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 _____

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRITZKER, PENNY
STREET ADDRESS	200 WEST MADISON ST., STE. 3700
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	DVS
NAME	POORMAN, JOHN K
STREET ADDRESS	200 WEST MADISON ST., STE. 3700
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	DVT
NAME	COHEN, ROBBIN
STREET ADDRESS	200 WEST MADISON ST., STE. 3700
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AT
NAME	CLELAND, JENNIFER K
STREET ADDRESS	200 WEST MADISON STREET, 35TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	V
NAME	LYNCH, KEVIN D
STREET ADDRESS	200 W MADISON STREET, 35TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
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)(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 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

Date

Daytime Phone #

John Kevin Poorman, Vice President

4-14-04