

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90006 030 ***150.00

DOCUMENT # F98000006287

1. Entity Name
COHEN REALTY SERVICES, INC.

Principal Place of Business **Mailing Address**
2 NORTH LASALLE ST., STE. 800 **2 NORTH LASALLE ST., STE. 800**
CHICAGO IL 60602 **CHICAGO IL 60602**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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 _____ (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!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

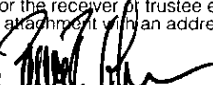
11. OFFICERS AND DIRECTORS

TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	COHEN, BENJAMIN B	
STREET ADDRESS	2 NORTH LASALLE ST., STE. 800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	CP	<input type="checkbox"/> Delete
NAME	COHEN, JACK M	
STREET ADDRESS	2 NORTH LASALLE ST., STE. 800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MICHAEL A	
STREET ADDRESS	2 NORTH LASALLE ST., STE. 800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREEMAN, MICHAEL I	
STREET ADDRESS	2 NORTH LASALLE ST., STE. 800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COHEN, BRUCE R	
STREET ADDRESS	2 NORTH LASALLE ST., STE. 800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PLEASE SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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:  **BRUCE R. COHEN, EXECUTIVE VICE PRESIDENT 5/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(312) 346-5680

CR2034 (10/00)

Attachment
 #F980000000287
 D0057235

Attachment to the 2001 Uniform Business Report for
 Cohen Realty Services, Inc.

12. Additions/Changes to Officers and Directors in 11

Title	Director & President (D/V)
Name	Cohen, Jack M
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Change

Title	Vice President & Treasurer (V/T)
Name	Terry D. Moore
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Addition

Title	Vice President (V)
Name	Kadie Libesch
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Addition

Title	Vice President (V)
Name	Pam Kellam
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Addition

Title	Vice President (V)
Name	John Ahlberg
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Addition

Title	Assistant Secretary
Name	Frank Baldasare
Street Address	2 North LaSalle St., Suite 800
City-St-Zip	Chicago, Illinois 60602
Change/Addition	Addition