2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State F98000006545 DOCUMENT # 1. Entity Name 05-01-2002 91489 003 ***150 00 SB ASSOCIATES MANAGEMENT CO. Principal Place of Business Mailing Address 222 N. LAŜALLE STREET. SUITE 800 222 N. LASALLE STREET, SUITE 800 CHICAGO IL 60601 CHICAGO IL 60601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4232744 Not Applicable 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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ★ Addition ☐ Change Secretary NAME CROWN, WILLIAM H NAME David M. Rubin 222 N. LASALLE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS 222 N. LaSalle Street, Suite 800 CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP Chicago, IL 60602 TITLE Delete TITLE ☐ Change Addition Treasurer NAME GOODMAN, CHARLES H NAME Mel Cohen 222 N. LASALLE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS 222 N. LaSalle Street, Suite 800 CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP Chicago, IL 60601 DV -- ---TITLE · 🖂 - Delete ~ - - = NAME NASSAU, RICHARD J John J. Sobota STREET ADDRESS 222 N. LASALLE STREET, SUITE 800 STREET ADDRESS 222 N. LaSalle Street, Suite 800 CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP Chicago, IL 60601 VPm Panasany ☐ Delete TITLE TITEF ☐ Change ★ Addition Tom Panaseny CROWN, JAMES S NAME NAME 222 N. LaSalle Street, Suite 800 STREET ADDRESS 1155 OAK RIDGE DRIVE STREET ADDRESS Chicago, IL 60601 CITY-ST-ZIP GLENCOE IL 60022 CITY-ST-7IP TITLE ☐ Delete TITLE Change X Addition Vice Presidentr NAME BAILEY, MARVIN NAME Theresa O. Frankiewicz 222 N. LaSalle Street, Suite 800 STREET ADDRESS 222 N. LASALLE STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP Chicago, IL160601 TITLE ☐ Delete TITLE Change Addition Assistant Secretary SMEED, HUGH D NAME NAME John Mays Paul Nettina STREET ADDRESS 222 N. LASALLE STREET STREET ADDRESS 222 N. LaSalle Street, Suite 800

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 address with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. Rubin, Secretary

FILED