## **2001 UNIFORM BUSINESS REPORT (UBR)**

Brault,Pr#sident

OFFICER OR DIRECTOR

James L.

SIGNATUREAND

**SIGNATURE:** 

## FILED Feb 20, 2001 8:00 am DOCUMENT # F9900001061 **Secretary of State** BRAUVIN CAPITAL TRUST, INC. 02-20-2001 90061 031 \*\*\*150.00 Principal Place of Business Mailing Address 30 N. LASALLE STREET 30 N. LASALLE STREET SUITE 3100 SHITE 3100 C0023170 CHICAGO IL 60602 CHICAGO IL 60602 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 36-4215348 Not Applicable Zip Country Zip 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 LEXIS DOCUMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 Zip Code City 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, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE TITLE Delete BRAULT, JAMES L NAME NAME 30 N. LASALLE, STE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Chance ☐ Addition TITLE ☐ Delete TITLE BRAULT, JEROME J NAME NAME 30 N. LASALLE, STE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL ☐ Addition\_ ST Change -TITLE -\_\_\_\_ Delete ----TITLE. MURPHY, THOMAS NAME NAME 30 N. LASALLE, STE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHICAGO IL TITLE ☐ Change X Addition **XX**Delete TITLE SCHULER, C R NAME NAME Mr. Tae-Sik Yoon STREET ADDRESS 30 N. LASALLE, STE 3100 STREET ADDRESS 30 North LaSalle, Suite 3100 CHICAGO IL CITY-ST-ZIP CITY-ST-ZIP Chicago, IL 60602 Delete TITLE ☐ Change Addition TITLE WEAVER, K J NAME NAME 30 N. LASALLE, STE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CHICAGO IL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. It 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.