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## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # F99000003425 1. Entity Name TVO LAKES MANAGER, INC. 04-08-2002 90226 040 \*\*\*150.00 Mailing Address Principal Place of Business 70 EAST LAKE STREET, SUITE 600 70 EAST LAKE STREET. SUITE 600 R0060411 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 Applied For City & State City & State 4. FEI Number 74-2633639 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD TALLAHAŞSEE FL 32311 Zip Code 8. The above samed 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. DATE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 Addition **PCS** ☐ Delete TITLE TITLE NAME VANDENBURG, DAVID L NAME 70 EAST LAKE STREET, SUITE 600 STREET ADDRESS STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change DVT NAME NAME **GUMBINER, DANIEL** STREET ADDRESS STREET ADDRESS 70 EAST LAKE STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Change Addition TITLE ☐ Delete TITLE NAME LUTTHANS, KIM E NAME STREET ADDRESS STREET ADDRESS 1209 ORANGE STREET CITY-ST-ZIP CITY-ST-ZIP WILMINGTON DE 19801 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 address, with all other like empowered

SIGNATURE: