

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90020 027 \*\*\*150.00

**DOCUMENT # F99000005359**

1. Entity Name  
CC-BOCA, INC.



Principal Place of Business  
200 WEST MADISON, SUITE 3700  
CHICAGO, IL 60606

Mailing Address  
200 WEST MADISON, SUITE 3700  
CHICAGO, IL 60606

**54037874**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-4320822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete  
NAME PRITZKER, PENNY  
STREET ADDRESS 200 WEST MADISON, SUITE 3700  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME POORMAN, JOHN K  
STREET ADDRESS 200 WEST MADISON, SUITE 3700  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VAS ☐ Change ☒ Addition  
NAME Fields, Stephanie W.  
STREET ADDRESS 200 West Madison, Suite 3700  
CITY-ST-ZIP Chicago, IL 60606

TITLE VP ☐ Delete  
NAME SMITH, GARY  
STREET ADDRESS 200 WEST MADISON, STE. 3700  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MAKI, CHRISTINE  
STREET ADDRESS 200 WEST MADISON, STE. 3700  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VAS ☐ Delete  
NAME PHILLIPS, MATTHEW K  
STREET ADDRESS 200 WEST MADISON, STE. 3700  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PRITZKER, NICHOLAS J  
STREET ADDRESS 200 WEST MADISON  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE P ☐ Change ☒ Addition  
NAME Richardson, Randal J.  
STREET ADDRESS 200 West Madison, Suite 3700  
CITY-ST-ZIP Chicago, IL 60606

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

*Stephanie W. Fields*

Stephanie W. Fields 4/6/04

312-750-8171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #