## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9900006546

1. Entity Name

## LASALLE CALEAST, INC.

Principal Place of Business

Mailing Address

200 EAST RANDOLPH DRIVE CHICAGO IL 60601 200 EAST RANDOLPH DRIVE CHICAGO IL 60601

## 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-4217044 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Addition Delete TITI F TITLE **CUMMINGS, DANIEL W** NAME STREET ADDRESS 200 EAST RANDOLPH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Addition Change TITLE ☐ Delete TITLE HAGAN, ROBERT K NAME NAME STREET ADDRESS STREET ADDRESS 200 EAST RANDOLPH DRIVE CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Change Addition ☐ Delete TITLE TITLE SORENSEN, PAUL R NAME NAME STREET ADDRESS 200 EAST RANDOLPH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Change ☐ Addition ☐ Delete TITLE THURBER, LYNN C NAME NAME STREET ADDRESS 200 EAST RANDOLPH DRIVE STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 give inkeeping the empowered.

CITY-ST-ZIP

STREET ADDRESS

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TITLE

TITLE

NAME,

☐ Delete

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SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

CHICAGO IL 60601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UT & ADSISTANT SECRETARY

Daylime Bloom # . 208. 208

Change

☐ Change

Addition

☐ Addition

FILED

Secretary of State

03-02-2000 90104 025 \*\*\*150.00

Mar 02, 2000 8:00 am