

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 22 PM 4:03

DOCUMENT # M00000000190

1. Entity Name

HSA - DOA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o HSA Commercial, Inc.
Suite, Apt. #, etc. #500
180 N. Wacker Drive

3. Mailing Address

c/o HSA Commercial, Inc.
Suite, Apt. #, etc. #500
180 N. Wacker Drive

DO NOT WRITE IN THIS SPACE

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number

36-3875658

Applied For

Not Applicable

Zip

60606

Country

USA

Zip

60606

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lexis Document Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 W.W. Kelly Road

City

Tallahassee

FL

Zip Code

32311

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	John E. Shaffer
STREET ADDRESS	180 N. Wacker Dr. #500
CITY-ST-ZIP	Chicago, IL 60606
TITLE	MGRM
NAME	Robert E. Smietana
STREET ADDRESS	180 N. Wacker Dr. #500
CITY-ST-ZIP	Chicago, IL 60606
TITLE	MGRM
NAME	Stephen J. Tinsley
STREET ADDRESS	321 N. Clark St. #1010
CITY-ST-ZIP	Chicago, IL 60610
TITLE	MGRM
NAME	Melissa S. Piolet
STREET ADDRESS	180 N. Wacker Dr. #500
CITY-ST-ZIP	Chicago, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN E. SHAFFER, Managing Member

4/3/02 312-332-3555
Date Daytime Phone #

CR2E083B (12/01)