

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 22, 2001 08:00 AM
Secretary of State****DOCUMENT # M00000000470****1. Entity Name**
JRC HUNTINGTON 919 LLC

Principal Place of Business	Mailing Address
919 NORTH MICHIGAN AVENUE, SUITE 1500 CHICAGO IL 60611	919 NORTH MICHIGAN AVENUE, SUITE 1500 CHICAGO IL 60611

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
36-4258515Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US

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.**SIGNATURE** **08/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JRC HUNTINGTON, INC. 919 NORTH MICHIGAN AVENUE, SUITE 1500 CHICAGO IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Andrew V Agostini **PRES** **08/22/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)