

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 037 ****50.00

DOCUMENT # M02000003324

1. Entity Name

DUVALL INDUSTRIAL, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

180 N. Wacker Dr.

180 N. Wacker Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

500

City & State

City & State

Chicago IL

Chicago IL

Zip

Country

Zip

Country

60606

USA

60606

USA

4. FEI Number

37-1451265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

City

Tallahassee

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Carl Manofsky
180 N. Wacker Dr. #500
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Melissa Pizlet
180 N. Wacker Dr. #500
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert E. Smietana
180 N. Wacker Dr. #500
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Timothy Luby
180 N. Wacker Dr. #500
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Mark Wilhelm
331 met calif Rd #8
Avon, CO 81620

TITLE
NAME
STREET ADDRESS
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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

Manager

4/8/03 312-332-3555

Date

Daytime Phone #

CR2E083B (12/02)