

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000010

1. Entity Name

HEITMAN REALTY LLC

Principal Place of Business

180 N. LaSalle Street
Chicago, IL 60601

Mailing Address

c/o Susan Odland
180 N. LaSalle Street
Suite 3400
Chicago, IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBN Number

30-4205593

Applied 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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED IN 163225-3
405/08/01--01120--047
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
Heitman Financial Services LLC
180 N. LaSalle Street
Chicago, IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Jerome J. Claeys III
180 N. LaSalle Street
Chicago, IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Roger E. Smith
180 N. LaSalle Street
Chicago, IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Maury R. Tognarelli
180 N. LaSalle Street
Chicago, IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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

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: *Roger E. Smith*

Roger E. Smith, Manager 4/17/01 (312) 855-5700

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

Date

Daytime Phone #

CR2E083 (11/00)