

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001499

1. Entity Name

HSA-LM, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

[Handwritten signature]

Principal Place of Business

C/O HIFFMAN SHAFFER ASSOCIATES, INC.
180 N. WACKER DR., STE 500
CHICAGO IL 60606

Mailing Address

C/O HIFFMAN SHAFFER ASSOCIATES, INC.
180 N. WACKER DR., STE 500
CHICAGO IL 60606



2. Principal Place of Business

40 HSA Commercial, Inc.
Suite, Apt. #, etc.
180 N. Wacker Dr, Ste 500

3. Mailing Address

40 HSA Commercial, Inc.
Suite, Apt. #, etc.
180 N. Wacker Dr, Ste 500

DO NOT WRITE IN THIS SPACE

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number

36-4311669

Applied For

Not Applicable

Zip

60606

Country

USA

Zip

60606

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD.
TALLAHASSEE FL 32311

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
SHAFFER, JOHN E
STREET ADDRESS
180 N. WACKER DR., STE 500
CITY-ST-ZIP
CHICAGO IL 60606

TITLE NAME ☐ Delete
MGRM
SMIETANA, ROBERT E
STREET ADDRESS
180 N. WACKER DR., STE 500
CITY-ST-ZIP
CHICAGO IL 60606

TITLE NAME ☐ Delete
MGRM
TINSKY, STEPHEN J
STREET ADDRESS
180 N. WACKER DR., STE 500
CITY-ST-ZIP
CHICAGO IL 60606

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☒ Change ☐ Addition
Managing Member
Stephen J. Tinsley
STREET ADDRESS
180 N. Wacker Dr. Ste. 500
CITY-ST-ZIP
Chicago, IL 60606

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

John E. Shaffer, Managing Member

7/11/00 (312) 332-3555

CR2E083 (5/00)