

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # M99000001786

1. Entity Name

CMF Capital Company L.L.C.

FILED

00 JUN 26 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W 6/26

Principal Place of Business

Mailing Address

227 West Monroe Street
Suite 4000
Chicago, Illinois 60606

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

36-4281652

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

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME Manager
STREET ADDRESS Mark R. Walter
CITY-ST-ZIP 227 West Monroe Street - Suite 4000
Chicago, Illinois 60601

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

TITLE ☐ Delete
NAME Manager
STREET ADDRESS Ray Giordano
CITY-ST-ZIP 292 Long Ridge Road
Stanford, Connecticut 06927

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

TITLE ☐ Delete
NAME Manager
STREET ADDRESS Michael Rotchford
CITY-ST-ZIP 25 Broad Street - Suite 5 C
New York, New York 10004

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

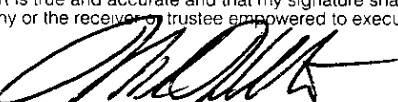
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

400003304814--7

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:



Mark R. Walter

6/20/00 (312) 977-4560

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

Date

Daytime Phone #

ACCOUNT FILING COVER SHEET

②

ACCOUNT NUMBER: FCA000000005

Attachment
M99000001786

REFERENCE:
(Sub Account) _____

DATE: 6-26-00

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: CMF Capital Company L.L.C.

DOCUMENT NUMBER:
(if applicable) _____

AUTHORIZATION: _____

Cynthia G. Woodward
Cynthia G. Woodward

FILED
00 JUN 26 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☐ Call When Ready
☐ Walk In
☐ Mail Out

☐ Call if Problem
☐ Will Wait

☐ After 4:00
☐ Pick Up

RECEIVED
00 JUN 26 PM 1:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA