

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

DOCUMENT # M99000001786

1. Entity Name

CMF CAPITAL COMPANY, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

227 W. Monroe Street

3. Mailing Address

227 West Monroe Street

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

USA

Zip

60606

Country

USA

FILED
02 SEP 11 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4281652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation Systems

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

1200 South Pine Island Road

City Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

900007664039--1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Mark R. Walter
227 West Monroe Street - Suite 4000
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Ray Giordano
125 Park Ave., 10th Floor
New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Officer
Frank K. Neill, III
227 West Monroe Street - Suite 4000
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Officer
Mark R. Walter
227 West Monroe Street - Suite 4000
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Officer
Thomas J. Irvin
227 West Monroe Street - Suite 4000
Chicago, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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:

Frank K. Neill, III

9/5/02

312-977-4580

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

Date:

Daytime Phone #

CR2E083B (12/01)

199000001786

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account)

DATE: 9/11

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

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

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

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

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|--|--|-------------------------------------|
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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02 SEP 11 PM 1:30
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TALLAHASSEE, FLORIDA

RECEIVED
02 SEP 11 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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