

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22578 (1)

1. Corporation Name

100 SIR FRANCIS DRAKE BOULEVARD, INC.



Principal Place of Business

Mailing Address

**C/O STATE BOARD OF ADMINISTRATION
502 N. ADAMS STREET
TALLAHASSEE FL 32314
US**

**1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US**

3. Date Incorporated or Qualified
09/18/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 1801 Hermitage Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27

City & State

City & State

23 Tallahassee, Florida

28

Zip

Country

Zip

Country

24 32308

25

USA

29

30

4. FEI Number
59-2848941

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MILLER, TODD A**
STREET ADDRESS **502 N. ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1801 Hermitage Blvd.**
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **COOPER, GARY D.**
STREET ADDRESS **502 N. ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Kerry J. Sparks**
2.3 STREET ADDRESS **1801 Hermitage Blvd.**
2.4 CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **D** ☐ DELETE
NAME **BENNETT, DOUGLAS W.**
STREET ADDRESS **502 N. ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1801 Hermitage Blvd.**
3.4 CITY-ST-ZIP

TITLE **AVAS** ☒ DELETE
NAME **CAREY, GAIL**
STREET ADDRESS **180 N. LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V/AS**
4.3 STREET ADDRESS **Thomas M. Burdi**
4.4 CITY-ST-ZIP **180 N. LaSalle Street**
Chicago, Illinois 60601

TITLE **VS** ☐ DELETE
NAME **NOELL, JOHN W.**
STREET ADDRESS **180 N LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **MCCARTHY, THOMAS D.**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **P**
6.3 STREET ADDRESS **Howard J. Edelman**
6.4 CITY-ST-ZIP **180 N. LaSalle Street**
Chicago, Illinois 60601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas M. Burdi **Thomas M. Burdi, V.P.**

4/22/96

(312) 855-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)