

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000312**

1. Entity Name

CYPRESS POINT HOLDING CORP.

Principal Place of Business

**% LASALLE INVESTMENT MANAGEMENT, INC.
200 E. RANDOLPH DR.
CHICAGO IL 60601**

Mailing Address

**% LASALLE INVESTMENT MANAGEMENT, INC.
200 E. RANDOLPH DR.
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. FEI Number

59-3153068

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRILL, WILLIAM K JR.	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY-ST-ZIP	BALTIMORE MD 21202	

TITLE	ST	<input type="checkbox"/> Delete
NAME	DUKE, GEORGE W	
STREET ADDRESS	100 EAST PRATT STREET, SUITE 2030	
CITY-ST-ZIP	BALTIMORE MD 21202	

TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, PETER M	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	

TITLE	D	<input type="checkbox"/> Delete
NAME	KALMAN, DAVID J	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	

TITLE	D	<input type="checkbox"/> Delete
NAME	DONLEVY, FRANCIS J	
STREET ADDRESS	30 N. 3RD ST. 5TH FLOOR	
CITY-ST-ZIP	HARRISBURG PA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90019 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)