

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90053 028 \*\*\*\*61.25

**DOCUMENT # N92000000312**

1. Entity Name

**CYPRESS POINT HOLDING CORP.**

Principal Place of Business

Mailing Address

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

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

MIA DE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 4322**

City & State

City & State

4. FEI Number

**59-3153068**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **MORRILL, WILLIAM K JR.**  
 STREET ADDRESS **100 EAST PRATT STREET, SUITE 2030**  
 CITY-ST-ZIP **BALTIMORE MD 21202**

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

TITLE **ST** ☐ Delete  
 NAME **DUKE, GEORGE W**  
 STREET ADDRESS **100 EAST PRATT STREET, SUITE 2030**  
 CITY-ST-ZIP **BALTIMORE MD 21202**

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

TITLE **D** ☐ Delete  
 NAME **GILBERT, PETER M**  
 STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**  
 CITY-ST-ZIP **HARRISBURG PA**

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

TITLE **D** ☐ Delete  
 NAME **KALMAN, DAVID J**  
 STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**  
 CITY-ST-ZIP **HARRISBURG PA**

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

TITLE **D** ☐ Delete  
 NAME **DONLEVY, FRANCIS J**  
 STREET ADDRESS **30 N. 3RD ST. 5TH FLOOR**  
 CITY-ST-ZIP **HARRISBURG PA**

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

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:

**George W. Duke**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George W. Duke**  
 Principal

**2/6/02**  
 Date

**410 347 0665**  
 Daytime Phone #

CR2E037 (9/01)