

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90245 010 \*\*\*\*61.25

**DOCUMENT # N93000004449**

1. Entity Name  
**LANSBROOK DRAINAGE ASSOCIATION, INC.**



Principal Place of Business  
**200 WEST MADISON STREET  
SUITE 3700  
CHICAGO, IL 60641**

Mailing Address  
**200 WEST MADISON STREET  
SUITE 3700  
CHICAGO, IL 60641**

**14022341**



03042004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3316961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	POORMAN, JOHN K
STREET ADDRESS	200 WEST MADISON ST.37TH FL
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VD
NAME	LYNCH, KEVIN D
STREET ADDRESS	200 WEST MADISON ST.37TH FL
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VTD
NAME	COHEN, ROBBIN
STREET ADDRESS	200 WEST MADISON ST.37TH FL
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AT
NAME	CLELAND, JENNIFER
STREET ADDRESS	200 WEST MADISON ST., 37TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

April 23, 2004

Date

Daytime Phone #

John Kevin Poorman, President