FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90094 040 ***1 50.00

DOCUMENT # P00000020450 1. Entity Name CRS Naples, Inc. DO NOT WRITE IN THIS SPACE					44038393			
2. Principal Place of Business 5415 Tamiami Trail North 230 Park Ave.			Dantson		50.107.11			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 320 12th Floor				DO NOT WRITE IN THIS SPACE		UE .		
City & State City & State				4. Ff	4. FEI Number		Applied For	
		New York, NY					Not Applicable	
1 1		Zip 10169	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required				
					7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE Street Address				Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)				
							City	
8. The above named entity submits this statement for the purpose of changing its re				Tallahasse		FL	32301	
Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of S				9. Election Campaign F Trust Fund Contribut	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	
10. Title	OFFICERS AND D President and Directo	······································	πιε					
NAME STREET ADDRESS CITY-ST-ZIP	Stephen J. Furnary ING Clarion Partners, New York, NY 10169		NAME	S				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	Vice President and Di Charles Grossman ING Clarion Partners, New York. NY 10169		TITLE MAME STREET ADDRES CITY-ST-ZIP	\$) · · · · · · · · · · · · · · · · · · ·	
ITILE	Treasurer and Secreta	ırv	TITLE				4 11	
NAME STREET ADDRESS CITY-ST-ZIP	Peter H. Zappulla ING Clarion Partners,	_	NAME STREET ADDRES CITY-ST-ZIP	s	DO NOT	WRIT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New York, NY 10169 Vice President Glen Harrell 5415 Tamiami Trail No Naples, FL 34108	orth	TITLE NAME STREET ADDRES CITY-ST-ZIP	S	IN THIS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Stuart Braunhut ING Clarion Partners, New York, NY 10169	230 Park Ave	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	1			
TOTLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES	s	The state of the s	erenda (f. 1875) Lightage		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

Peter H. Zappulla 4/14/04

SIGNATURE AND TYPED OR PRINTED JAME OF IGNING OFFICER OR DIRECTOR

Listo