

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000126005

1. Entity Name

HP FLORIDA/POLOS, INC.



Principal Place of Business

191 NORTH WACKER DR  
#2500  
CHICAGO, IL 60606 US

Mailing Address

C/O GAIL CAREY  
191 N.WACKER DRIVE #2500  
CHICAGO, IL 60606



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4225297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOGNARELLI, MAURY R
STREET ADDRESS	191 N.WACKER DRIVE,SUITE 2500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	DV
NAME	EDELMAN, HOWARD J
STREET ADDRESS	191 N. WACKER DRIVE,SUITE 2500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	MCCARTHY, THOMAS
STREET ADDRESS	191 N. WACKER DRIVE,SUITE 2500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VS
NAME	KURNICK, KAREN
STREET ADDRESS	191 N. WACKER DRIVE,SUITE 2500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	T
NAME	RYAN, COLLEEN
STREET ADDRESS	191 N. WACKER DRIVE,SUITE 2500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11017000442151  
02/04/06-200008-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 #

*Karen K. Kurnick* Karen K. Kurnick 2/1/06 312-425-0977