2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-05-2004 90077 022 ***150.00

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DOCUMENT # P03000024264

1. Entity Name
HP FLORIDA/OAK FOREST, INC

Principal Place of Business	Mailing Address
180 N LASALLE ST STE 3600 ATTN: HOWARD J. EDELMAN CHICAGO, IL 60601	180 N LASALLE ST STE 3600 ATTN: HOWARD J. EDELMAN CHICAGO, IL 60601

03242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
191 N. Wacker Drive	191 N. Wacker Drive
Suite, Apt. #, etc. Suite 2500	Suite, Apt. #, etc. 2500, c/o Gail Carey
City & State Chicago, Illinois	City & State Chicago, Illinois
Zip / Country 60606 / USA	Zip / Country 60606 / USA

4. FEI Number
16-1656184
☐ Applied For
☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOGNARELLI, MAURY R 180 N LASALLE ST STE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP 191 N. Wacker Dr., Suite 2500 Chicago, Illinois 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDELMAN, HOWARD J 180 N LASALLE ST STE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP 191 N. Wacker Dr., Suite 2500 Chicago, Illinois 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, THOMAS 180 N LASALLE ST STE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 191 N. Wacker Dr., Suite 2500 Chicago, Illinois 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Karen Kurnick 191 N. Wacker Dr., Suite 2500 Chicago, Illinois 60606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Colleen Ryan 191 N. Wacker Dr., Suite 2500 Chicago, Illinois 60606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: _____ Howard J. Edelman 3/30/04 (312)855-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Director/VP