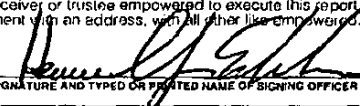


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-05-2004 90077 022 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000024264			
1. Entity Name HP FLORIDA/OAK FOREST, INC			
Principal Place of Business 180 N LASALLE ST STE 3600 ATTN: HOWARD J. EDELMAN CHICAGO, IL 60601		Mailing Address 180 N LASALLE ST STE 3600 ATTN: HOWARD J. EDELMAN CHICAGO, IL 60601	
2. Principal Place of Business 191 N. Wacker Drive		3. Mailing Address 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 60606		Zip 60606	
Country USA		Country 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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when remanding) DATE _____			
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 D ☐ Delete NAME TOGNARELLI, MAURY R STREET ADDRESS 180 N LASALLE ST STE 3600 CITY-ST-ZIP CHICAGO, IL 60601		TITLE DP ☒ Change ☐ Addition NAME STREET ADDRESS 191 N. Wacker Dr., Suite 2500 CITY-ST-ZIP Chicago, Illinois 60606	
TITLE D ☐ Delete NAME EDELMAN, HOWARD J STREET ADDRESS 180 N LASALLE ST STE 3600 CITY-ST-ZIP CHICAGO, IL 60601		TITLE DVP ☒ Change ☐ Addition NAME STREET ADDRESS 191 N. Wacker Dr., Suite 2500 CITY-ST-ZIP Chicago, Illinois 60606	
TITLE D ☐ Delete NAME MCCARTHY, THOMAS STREET ADDRESS 180 N LASALLE ST STE 3600 CITY-ST-ZIP CHICAGO, IL 60601		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 191 N. Wacker Dr., Suite 2500 CITY-ST-ZIP Chicago, Illinois 60606	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE VPS ☐ Change ☒ Addition NAME Karen Kurnick STREET ADDRESS 191 N. Wacker Dr., Suite 2500 CITY-ST-ZIP Chicago, Illinois 60606	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE T ☐ Change ☒ Addition NAME Colleen Ryan STREET ADDRESS 191 N. Wacker Dr., Suite 2500 CITY-ST-ZIP Chicago, Illinois 60606	
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 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 Howard J. Edelman 3/30/04 (312) 855-5200	