2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-05-2004 90077 013 ***150.00

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1. Entity Name
HP FLORIDA/VININGS, INC.

Principal Place of Business	Mailing Address
180 N. LASALLE ST., SUITE 3600 CHICAGO, IL 60601	180 N. LASALLE ST., SUITE 3600 CHICAGO, IL 60601

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

03232004 Chg-P CR2E034 (10/03)

4. FEI Number: 77-0602157 ☐ 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

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 _____ 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., SUITE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDELMAN, HOWARD J 180 N. LASALLE ST., SUITE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, THOMAS 180 N. LASALLE ST., SUITE 3600 CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 191 N. Wacker Dr., Suite 2500 Chicago, IL 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, IL 60606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSS Colleen Ryan 191 N. Wacker Dr., Suite 2500 Chicago, IL 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: _____ 03/30/04 (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Howard J. Edelman, Director