

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15905 (3)

1. Corporation Name

HO. TAMPA DEVELOPMENT CO.

Principal Place of Business

1209 ORANGE STREET
THE CORPORATION TRUST COMPANY
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET
THE CORPORATION TRUST COMPANY
WILMINGTON DE 19801

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3561230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, Agent or predecessor of registered agent, if applicable

(Print Name of Agent/Signer as required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
GREGORIE, MICHAEL J
55 W. MONROE #3100
CHICAGO IL 60603

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVT
NEUMAN, BRAD
55 W. MONROE #3100
CHICAGO IL 60603

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
YATES, MARK L.
55 W. MONROE #3100
CHICAGO IL 60603

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AT
HOYT, EDMUND
55 W. MONROE #3100
CHICAGO IL 60603

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
LUDWIG, MAREK
55 W. MONROE #3100
CHICAGO IL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
BUTNY, THOMAS
55 W. MONROE #3100
CHICAGO IL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

DP
Kaufman, Barry
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DV
Douglas, Ronald P.
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DT
Peterson, Alice M.
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

V
Garnant, Carol
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

S
Grienenberger, Warren
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

AS
Griffin, Kimberly
3333 Beverly Rd.
Hoffman Estates, IL 60179

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

Signature Printed Name

CR2E034 (12/95)