

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23001

1. Corporation Name

ENDOWMENT AND FOUNDATION REALTY, LTD. - JMB-II,
INC.

Principal Place of Business

180 N LASALLE STREET
SUITE 3400
CHICAGO IL 60601
US

Mailing Address

C/O GAIL CAREY
180 N. LASALLE STREET, SUITE 3400
CHICAGO IL 60601
US

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90113 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1989

4. FEI Number

36-3239956

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DC
CLAEYS, JEROME J., III
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
S
MCCARTHY, THOMAS
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
DP
WURTZEBACH, CHARLES H.
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
AVAS
CAREY, GAIL
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
DC
PERLMUTTER, STEPHEN M.
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
MDT
MCCARTHY, THOMAS
STREET ADDRESS
180 N LASALLE STREET
CITY-ST-ZIP
CHICAGO IL 60601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Director, COO & Secretary ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE President, CEO & Director ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Vice President & Asst. Secy. ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Director, Exec. Vice Pres. ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Executive V.P. & Treas. ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)