

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 041 ***150.00

DOCUMENT # P23001

1. Entity Name

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

Principal Place of Business

Mailing Address

**180 N LASALLE STREET
 SUITE 3400
 CHICAGO IL 60601
 US**

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

029260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3239956**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SDC** ☐ Delete
 NAME **MCCARTHY, THOMAS**
 STREET ADDRESS **180 N LASALLE STREET**
 CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PCD** ☐ Delete
 NAME **LUDGIN, MARY K**
 STREET ADDRESS **180 N LASALLE STREET**
 CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
 NAME **CAREY, GAIL**
 STREET ADDRESS **180 N LASALLE STREET**
 CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVPT** ☐ Delete
 NAME **SMITH, ROGER E**
 STREET ADDRESS **180 N LASALLE STREET**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail Carey, Gail Carey, Asst. Secy, VP.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01
 Date

302/546767
 Daytime Phone #

CR2E034 (10/00)