## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 10, 2002 8:00 am Secretary of State

DOCUMENT # P26569			02-10-2002 90010 03	8 ***150.00	
1. Entity Name HS-ORLANDO, INC.		· /			
DO NOT WRITE	IN THIS SF	PACE	·		
2. Principal Place of Business	3. Mailing Address	·			
200 WEST MADISON STREET 200 WEST MADISO		SON STREET			
Suite, Apt. #, etc.  25TH FLOOR  Suite, Apt. #, etc.  25TH FLOOR			DO NOT WRITE IN THIS SPACE		
25TH_FLOOR         25TH_FLOOR           City & State         City & State			4. FEI Number Applied For		
CHICAGO, IL CHICAGO, IL		<del></del>	36-3705077	Not Applicable	
Zip         Country           60606         USA	Zip 60606	Country USA	5. Certificate of Status Desired F	\$8.75 Additional see Required	
		Name	7. Name and Address of Current Registered		
DO NOT WRITE IN THIS SPACE			THE PRENTICE-HALL CORPORATION SYSTEM, INC.  Street Addrass (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
M TING OF AGE			SUITE 105		
	·	TÄLLAHASS	EE FL	<sup>Zip</sup> £2301	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.  (NOTE: Registered Agent signature requirement and title if applicable.)  (NOTE: Registered Agent signature requirement and title if applicable.)  (NOTE: Registered Agent signature requirement and title if applicable.)			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees		
11'. OFFICERS AND			· · · · · · · · · · · · · · · · · · ·		
TITLE VSD  NAME ALLEN M. TURNER  STREET ADDRESS CHTY-ST-ZIP CHICAGO, IL 60606	., 25TH FLOOR	TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE VTD  NAME GLEN MILLER STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606	., 25TH FLOOR	TITLE NAME STREET ADDRESS CITY - ST - ZIP		,	
NAME NICHOLAS J. PRITZKE SIREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY - ST-ZIP	DO NOT WRI	TE .	
TITLE V NAME DOUGLAS GEOGA STREET ADDRESS 200 WEST MADISON ST CITY-SI-ZIP CHICAGO, IL 60606	., 25TH FLOOR	TITLE NAME STREET ADDRESS CITY - ST - ZIP	IN THIS SPAC	Æ	
TIPLE V JOHN KEVIN POORMAN STREET ADDRESS 200 WEST MADISON ST CITY-ST-ZIP CHICAGO, IL 60606	., 25TH FLOOR	TIFLE NAME STREET ADDRESS CITY-ST-ZIP.			
THILE P HAROLD S. HANDELSMAN STREET ADDRESS 200 WEST MADISON ST CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
13. Thereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the receiver or trustee employees.	n this filing does not qualify for s true and accurate and that m powered to execute this report	the exemption stated in Se y signature shall have the as required by Chapter 6t	ction 119.07(3)(i), Florida Statutes, I further certi same legal effect as if made under oath; that I ar 07, Florida Statutes; and that my name appears	fy that the information π an officer or director in Block 11 or on an	

Glen Miller, Vice President, 1/11/02 (312) 750-8000 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Outlachment Doc#P2U5U9

## DIVERSIFIED FINANCIAL MANAGEMENT CORP.

200 WEST MADISON STREET
SUITE 2500
CHICAGO, ILLINOIS 60606-2400
(312) 920-2468
(312) 920-2312 FAX

Writer's Direct Dial: (312) 750-8461

January 25, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

> RE: HS-Orlando, Inc. Document #P26569

Dear Sir/Madam:

Enclosed for filing please find the 2002 For Profit Corporation Uniform Business Report (UBR) for the captioned corporation. Also enclosed is a check in the amount of \$150.00 to cover the filing fee.

ery truly yours,

Patti J. Hennegan Legal Assistant

**Enclosures**