2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32649

1. Entity Name

CLEAR LAKE COLONY APARTMENTS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 006 ***150.00

Principal Place of Business	Mailing Address
CNA PLAZA 333 SOUTH WABASH CHICAGO IL 60685	CNA PLAZA ATTN: CORPORATE TAX-24S CHICAGO IL 60685-0001 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3749806 — Applied For / Not Applicable

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, 2000 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	PCD ☒ Delete	TITLE	VP/DIRECTOR ☐ Change ☒ Addition
NAME	LOWRY, DONALD M.	NAME	SANDRA D. WAGMAN
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA PLAZA 24 SOUTH
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	CHICAGO IL 60685
TITLE	VD ☐ Delete	TITLE	Chairman of Bd-PRES-DIR ☒ Change ☐ Addition
NAME	MANN, ROBERT M.	NAME	ROBERT M. MANN
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA PLAZA 24-SOUTH
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	CHICAGO IL 60685
TITLE	SD ☐ Delete	TITLE	ASST.V.P./SEC/DIR ☒ Change ☐ Addition
NAME	RIBIKAWSKIS, MARY A	NAME	MARY A. RIBIKAWSKIS
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA PLAZA 24 SOUTH
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	CHICAGO IL 60685
TITLE	T ☒ Delete	TITLE	V.P./TREAS/ ☐ Change ☒ Addition
NAME	RYCROFT, DONALD C.	NAME	PAMELA S. DEMPSEY
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	CNA PLAZA 24 SOUTH
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	CHICAGO 60685
TITLE	AS ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WINKENBACH, ROBERT D	NAME	
STREET ADDRESS	CNA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	AS ☐ Delete	TITLE	ASST. V. P./DIRECTOR ☒ Change ☐ Addition
NAME	GROB, ROBERT J.	NAME	ROBERT J. GROB
STREET ADDRESS	CNA PLAZA - 245	STREET ADDRESS	CNA PLAZA 24 SOUTH
CITY-ST-ZIP	CHICAGO IL 60685	CITY-ST-ZIP	CHICAGO IL 60685

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(o), 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: ROBERT J. GROB, ROBERT J. GROB, AVP, 4/27/00 312-822-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #