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

[redacted]

DO NOT WRITE IN THIS SPACE

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

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