

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32653

1. Entity Name

LAKE FOREST APARTMENTS, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90302 011 ***150.00

Principal Place of Business

Mailing Address

CNA PLAZA
CHICAGO IL 60685

CNA PLAZA
ATTN: CORPORATE TAX-245
CHICAGO IL 60685-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3749805

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, 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
NAME LOWRY, DONALD M. ☒ Delete
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VP and DIRECTOR ☐ Change ☒ Addition
NAME Sandra D. Wagman
STREET ADDRESS CNA Plaza 24 South
CITY-ST-ZIP Chicago IL 60685

TITLE VD
NAME MANN, ROBERT M. ☐ Delete
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE Chairman of the Board & ☒ Change ☐ Addition
NAME PRESIDENT - Also A DIRECTOR
STREET ADDRESS ROBERT M. MANN
CITY-ST-ZIP CNA Plaza 24 South Chicago IL 60685

TITLE SD
NAME RIBIKAWSKIS, MARY A ☐ Delete
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE AVP & SECRETARY ☒ Change ☐ Addition
NAME MARY RIBIKAWSKIS
STREET ADDRESS CNA PLAZA 24 South
CITY-ST-ZIP Chicago IL 60685

TITLE T
NAME RYCROFT, DONALD C. ☒ Delete
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VP/Treasurer ☐ Change ☒ Addition
NAME Pamela S. Dempsey
STREET ADDRESS CNA Plaza 24S
CITY-ST-ZIP Chicago IL 60685

TITLE AS
NAME WINKENBACH, ROBERT ☒ Delete
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

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

TITLE AS
NAME ROBERT J GROB ☐ Delete
STREET ADDRESS CNA PLAZA -245
CITY-ST-ZIP CHICAGO IL 60685

TITLE Asst. VICE PRESIDENT ☒ Change ☐ Addition
NAME ROBERT GROB
STREET ADDRESS CNA PLAZA 24 South
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Grob, AUP, 4/27/00 312-822-5194

CR12E034 (9/99)