

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P32653**

1. Entity Name

**LAKE FOREST APARTMENTS, INC.**

Principal Place of Business

**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**CNA Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**State Specific - 9S**

City &amp; State

City &amp; State

**Chicago, Illinois**

Zip

Country

Zip

Country

**60685****USA**

4. FEI Number

**36-3749805**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VPD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WAGMAN, SANDRA D	CNA PLAZA 24TH SOUTH	CHICAGO IL 60685				
	CBPD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MANN, ROBERT M.	CNA PLAZA 24TH SOUTH	CHICAGO IL 60685				
	AVPS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RIBIKAWSKIS, MARY A	CNA PLAZA 24TH SOUTH	CHICAGO IL 60685				
	VPT		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DEMPSEY, PAMELA S	CNA PLAZA 24TH SOUTH	CHICAGO IL 60685				
	AVP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GROB, ROBERT	CNA PLAZA 24TH SOUTH	CHICAGO IL 60685				
	AS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROBERT J GROB	CNA PLAZA -245	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

Robert J. Grob, AS,

04/26/2001, 312-822-5194

Date

Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90080 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment

Lake Forest Apartments, Inc.

835713

# P32653

Chairman of the Board and  
President

Robert M. Mann

Vice President

Sandra D. Wagman

Vice President and  
Treasurer

Pamela S. Dempsey

Vice President

Lawrence Boysen

Secretary

Mary A. Ribikawskis

Assistant Secretary

Robert J. Grob

DIRECTORS

Robert M. Mann  
Mary A. Ribikawskis  
Sandra D. Wagman