2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P32653** 1. Entity Name LAKE FOREST APARTMENTS, INC. Principal Place of Business Mailing Address CNA PLAZA CNA PLAZA CHICAGO IL 60685 ATTN: CORPORATE TAX-24\$ CHICAGO IL 60685 2. Principal Place of Business 3. Mailing Address CNA Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. State Specific - 9S City & State City & State Chicago, Illinois Zip Country Country 60685 USA 6. Name and Address of Current Registered Agent Name

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

9. This corporation is eligible to satisfy its Intangible

WAGMAN, SANDRA D

CHICAGO IL 60685

MANN, ROBERT M.

CHICAGO IL 60685

CHICAGO IL 60685

DEMPSEY, PAMELA S

CHICAGO IL 60685

CHICAGO IL 60685

ROBERT J GROB

CNA PLAZA -245

GROB, ROBERT

RIBIKAWSKIS, MARY A

CNA PLAZA 24TH SOUTH

Tax filing requirement and elects to do so.

(See criteria on back)

CBPD

AVPS

AVP

AS

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

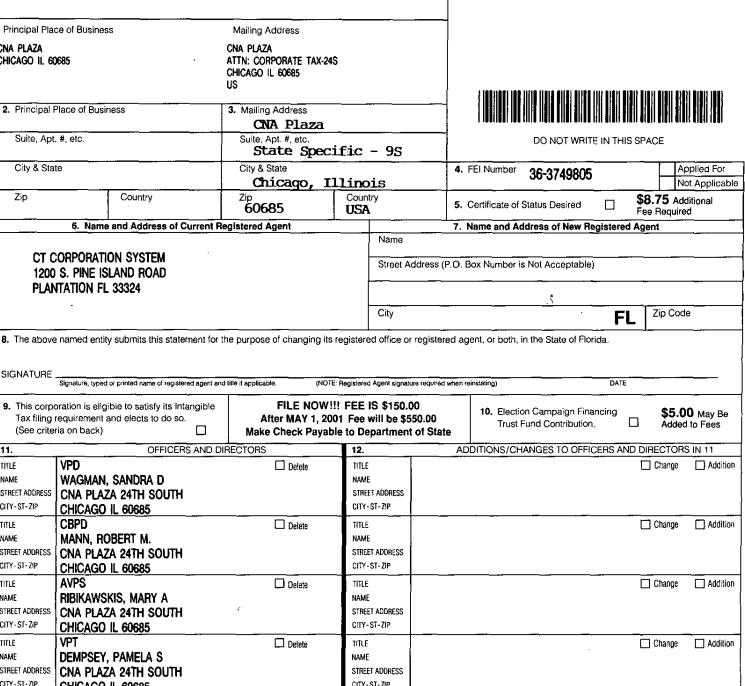
CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

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

05-03-2001 90080 038 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob, AS,

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

04/26/2001, 312-822-5194

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/00)

Attachment

Lake Forest Apartments, Inc.

P3265 3

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