## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # P33528** Mar 10, 2000 8:00 am 1. Entity Name CAPITAL ASSOCIATES REALTY PARTNERS CORPORATION **Secretary of State** 03-10-2000 90003 026 \*\*\*150.00 Mailing Address Principal Place of Business 1201: NORTH CLARK STREET, SUITE 300 1201 NORTH CLARK STREET. SUITE 300 CHICAGO IL 60610 CHICAGO IL 60610-2270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3658396 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible This corporation to some state of the source 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition Vicinia a sularist TITLE ☐ Delete TITLE KUPFERBERG, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 1201 NORTH CLARK STREET, SUITE 300 CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60610-2270 ☐ Change ☐ Addition CBSD ☐ Delete TITLE TITLE MCKAY, TERRY A. NAME STREET ADDRESS STREET ADDRESS 1201 NORTH CLARK STREET, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610-2270 ☐ Change Addition Delete TITLE ROSENBERG, THOMAS B. NAME STREET ADDRESS STREET ADDRESS 1201 NORTH CLARK STREET, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610-2270 ☐ Change Addition ☐ Delete TITLE TITLE VARLAS, DENO T NAME NAME 1201 NORTH CLARK STREET, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610-2270 TITLE Change Addition ☐ Delete TITLE METZGER, JOHN NAME NAME STREET ADDRESS 1201 NORTH CLARK STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610-2270 ☐ Change Addition TITLE AS ☐ Delete TITLE OSBORNE, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1201 NORTH CLARK STREET, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610-2270 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:

Deno T. Varlas

Chief Financial Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00 (312) 335-2600 Data Cavima Prope #