FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

CHICAGO IL 60685

2a. Mailing Address

Suite, Apt. #, etc.

ATTN: CORPORATE TAS-24S

CNA PLAZA

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34097

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

CNA PLAZA 333 SOUTH WABASH

21

CHICAGO IL 60685

WINDSCAPE APARTMENTS, INC.

City & State City & State City & State City & State City & State City & State City & State City & State City & Country Zip Country Zip Country Zip Country Zip Country Zip Country Registered Agent Regi	22		27				5. Certificate of Status	3 Desired		Fee F	Required	
Zip Country Zip Country Zip Country Street Actions of Country Zip Country Street Actions of Country Zip Country Street Actions of Country Zip Street Actions of Country Zip Street Actions of Country Zip Street Actions of New Registered Agent In Name and Address In Name and A	<u> </u>						6. Election Campaign	n Financing		\$5.0	May Be	
Zip Country Zip Country Zip Country Zip Country State No. Yes No. No. Yes	├── , '							-		-		
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PCD FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LOWRY, DONALD M. SIRRETADORESS CNA PLAZA USSIRRETADORESS CNA PLAZA USSIRRETADORESS CNA PLAZA COPY-ST-ZP TITLE VD DELETE VD DELETE SITTLE VD DELETE SITTLE SO DELETE AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LOWRY, ST-ZP TITLE SO DELETE SITTLE SO CHICAGO IL SITTLE SO CHICAGO IL SITTLE AS AS DELETE SITTLE AS MME WINKENBACH, ROBERT D SEAME SITREET ADORESS CHA PLAZA CHICAGO IL Change		Country		Countr	ry		8. This corporation of	wes the curr	ent year Inta	angible		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS OFFICERS AND DIRECTORS IN 1. STRE	24	25	29	30			Personal Property	Tax.		Yes	□No	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registre office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PCD DELETE 1.1TILE PCD DELETE 1.1TILE DELETE 1.1TILE DELETE 2.1 MAKE 1.2 MAKE 1.3 STREET ADDRESS 1.		9. Name and Address of Currer	nt Registered Agent				10. Name and Addre	ss of New F	Registered (Agent		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Bat				8	1 1	Name						
PLANTATION FL 33324 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeed or printed rame of registered agent and 156 if applicable. (NOTE: Registered Agent signature required where restricting) DATE 12. OFFICERS AND DIRECTORS IN ITILE PCD NAME LOWRY, DONALD M. 12 PAWE 13 STREET ADDRESS CITY-ST-2P CHICAGO IL 14 CITY-ST-2P CHICAGO IL 14 CITY-ST-2P CHICAGO IL 15 Change 16 Change 17 Change 18 CITY-ST-2P CHICAGO IL 18 CITY-ST-2P CHICAGO IL 19 Change 10 Change 10 Change 10 Change 10 Change 10 Change 11 TITLE 12 CHANGE 13 STREET ADDRESS CITY-ST-2P CHICAGO IL 14 PAWE 15 STREET ADDRESS CITY-ST-2P CHICAGO IL 15 PAWE 16 CITY-ST-2P CHICAGO IL 16 Change 17 Change 18 CITY-ST-2P CHICAGO IL 18 CITY-ST-2P C	CT CORPORATION SYSTEM					12 Street Address (P.O. Roy Number is Not Accentable)						
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Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reenstating) DATE	-	m familiar with, and accept the obliga	itions of, Section 607.0303, Mo	iida Ştatute	35.							
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PCD DELETE 11 TITLE Change DELETE D	SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE	: Registered Ag	ent si	gnature required v	rhen reinstating)		DATE			
NAME	12.			13.			ADDITIONS/CHAN	GES TO OF	FICERS AN	D DIRECT	TORS IN 12	
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CITY-ST-ZIP CHICAGO IL 60685 64 CITY-ST-ZIP				64 CITY-	-ST-Z	JP						
14. 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 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 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 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 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 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 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 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 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 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 supplied with 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 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 supplied with the supplied with the supplied supplied with the sup	14. I hereby o	certify that the information supplied w	ith this filing does not qualify fo	r the exemp	ption	stated in Se	ction 119.07(3)(i), Florid	da Statutes.	l further cer	tify that the	e information	

FILED May 05, 1999 8:00 am Secretary of State

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Applied For

Not Applicable

05-05-1999 90009 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/28/1991

36-3784037

4. FEI Number

5.	Certifcate of Status Desired		\$8.75 Ac	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
8.	This corporation owes the curre Personal Property Tax.	·	Yes [□No
la.	Name and Address of New R	legistered A	gent	
	· · · · · · · · · · · · · · · · · · ·			
(P	.O. Box Number is Not Accepta	ible)		
			Tag Zin C	
		FI	85 Zip Co	oae
tion	submits this statement for the	nurnose of a	hanging its o	egistered
bo	ard of directors. I hereby accep	of the appoin	tment as regi	stered
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en r	einstating)	DATE		
-	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
			☐ Change	☐ Addition
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			Change	☐ Addition
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				—
			☐ Change	Addition

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/2-8ZZ-5/94