

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34097

1. Entity Name

WINDSCAPE APARTMENTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90302 008 ***150.00

Principal Place of Business

Mailing Address

CNA PLAZA
333 SOUTH WABASH
CHICAGO IL 60685

CNA PLAZA
ATTN: CORPORATE TAS-24S
CHICAGO IL 60685-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3784037

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, 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	<input checked="" type="checkbox"/> Delete
NAME	LOWRY, DONALD M.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANN, ROBERT M.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIBIKAWSKIS, MARY A	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RYCROFT, DONALD C.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WINKENBACH, ROBERT D	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GROB, ROBERT S.	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	

TITLE	SANDRA D. WAGMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRES-DIRECTOR	
STREET ADDRESS	CNA PLAZA 24-SOUTH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	Chairman of Board-P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M. Mann	
STREET ADDRESS	CNA Plaza 24 South	
CITY-ST-ZIP	Chicago IL 60685	
TITLE	Asst. VOP and SECRETARY/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ribikawskis	
STREET ADDRESS	CNA Plaza 24 South	
CITY-ST-ZIP	Chicago IL 60685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA S. DEMPSEY	
STREET ADDRESS	CNA PLAZA 24 South	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	Asst. Vice Pres & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J. 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:

Robert J. Grob ROBERT J. GROB, AUP, 4/21/00 312-822-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)