2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # P34098** 1. Entity Name WESTLAKE CLUB APARTMENTS, INC. 05-18-2000 90302 009 ***150.00 Principal Place of Business Mailing Address ~ PLAZA CNA PLAZA ATTN: CORPORATE TAX-24S · · · SOUTH WABASH CHICAGO IL 60685-0001 HIL 60685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 36-3784036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. 1P/DIRECTOR PCD Delete ☐ Change TITLE TITLE GANDRA D. WAGMAN LOWRY, DONALD M. NAME 24 PLAZASTREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP 60685 CITY-ST-ZIP CHICAGO IL H1CA 60 hairman of Bd-PRES-DIR &Change חע ☐ Delete TITLE TITLE ROBERT M. MANN Mann, Robert M. NAME NAME 24-SOUTH CNA PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ·0685 ☐ Addition Delete TITLE TITLE RIBIKAWSKIS, MARY A NAME NAME CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO 60685 CHICAGO IL CITY-ST-ZIP CITY-ST-ZIP X Addition **M** Delete Change TITLE TITLE RYCROFT, DONALD C. 5. NAME NAME PLAZA 24 CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO IL CITY-ST-ZIP CITY-ST-ZIP AS ☐ Change TITLE Delete Addition WINKENBACH, ROBERT D NAME CNA PLAZA STREET ADDRESS STREET ADDRESS CHICAGO IL CITY-ST-ZIP CITY-ST-ZIP ASST. V. P. / DIRECTOR ROBERT J. GROB AS 🔀 Change ☐ Addition TITLE ☐ Delete TITLE GROB, ROBERT J.

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

CNA PLAZA - 245

CHICAGO IL 60685

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 SOUTH

60685