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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39372** **(8)**

1. Corporation Name
CLASSIC RESIDENCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
200 WEST MADISON CHICAGO IL 60606	200 WEST MADISON CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 36-3572408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE- HALL CORP. SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
83: SUITE 105
84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

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 registered 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, PENNY	1.2 NAME	
STREET ADDRESS	200 W. MADISON	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	POORMAN, J. KEVIN	2.2 NAME	
STREET ADDRESS	200 W. MADISON	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	HANDELSMAN, HAROLD S.	3.2 NAME	
STREET ADDRESS	200 W. MADISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	POSNER, KENNETH R.	4.2 NAME	
STREET ADDRESS	200 W. MADISON	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, THOMAS J.	5.2 NAME	
STREET ADDRESS	200 W. MADISON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, NICHOLAS J.	6.2 NAME	
STREET ADDRESS	200 W. MADISON	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 11, 1995 312-750-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth R. Posner, Vice-President & Treas.

0986412 CP