

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39372**

1. Corporation Name

CLASSIC RESIDENCE MANAGEMENT, INC.

Principal Place of Business

**200 WEST MADISON
CHICAGO IL 60606**

Mailing Address

**200 WEST MADISON
CHICAGO IL 60606**

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90011 050 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1992

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST. SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRITZKER, PENNY	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POORMAN, J. KEVIN	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HANDELSMAN, HAROLD S.	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	POSNER, KENNETH R.	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRITZKER, THOMAS J.	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITZKER, NICHOLAS J.	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of Board & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pritzker, Penny	
1.3 STREET ADDRESS	200 W. Madison	
1.4 CITY-ST-ZIP	Chicago, IL 60606	
2.1 TITLE	Exec. V.P. & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Poorman, John Kevin	
2.3 STREET ADDRESS	200 W. Madison Street	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lehman, Dennis	
3.3 STREET ADDRESS	200 W. Madison	
3.4 CITY-ST-ZIP	Chicago, IL 60606	
4.1 TITLE	V.P. and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Muhlbach, Peter	
4.3 STREET ADDRESS	200 W. Madison	
4.4 CITY-ST-ZIP	Chicago, IL 60606	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Phillips, Matthew	
5.3 STREET ADDRESS	200 W. Madison	
5.4 CITY-ST-ZIP	Chicago, IL 60606	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

018488