

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39372

1. Entity Name

CLASSIC RESIDENCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

200 WEST MADISON
#3700
CHICAGO IL 60606

200 WEST MADISON
#3700
CHICAGO IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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 CD
NAME PRITZKER, PENNY
STREET ADDRESS 200 W MADISON, SUITE 3700
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE Vice President
NAME Maki, Christine
STREET ADDRESS 200 W Madison, Suite 3700
CITY-ST-ZIP Chicago, IL 60606 ☐ Change ☒ Addition

TITLE VCD
NAME POORMAN, JOHN KEVIN
STREET ADDRESS 200 W MADISON, SUITE 3700
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME HANDELSMAN, HAROLD S.
STREET ADDRESS 200 W. MADISON
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME PHILLIPS, MATTHEW
STREET ADDRESS 200 W MADISON, SUITE 3700
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME MUHLBACH, PETER
STREET ADDRESS 200 W MADISON
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PRITZKER, NICHOLAS J.
STREET ADDRESS 200 W. MADISON
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90117 007 ***150.00

80041500



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3572408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

4/18/01

312-750-8415