

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 002 ***150.00

DOCUMENT # P94000067246

1. Entity Name
KEYSTONE-MIAMI PROPERTY HOLDING CORP.



Principal Place of Business
**101 CALIFORNIA ST
26TH FLOOR
SAN FRANCISCO, CA 94111-853 US**

Mailing Address
**101 CALIFORNIA ST
26TH FLOOR
SAN FRANCISCO, CA 94111-853 US**

20032349

2. Principal Place of Business

3. Mailing Address
875 North Michigan Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc. **41 Floor**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Chicago, Illinois

4. FEI Number
65-0520826

Applied For
Not Applicable

Zip Country

Zip **60611** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **MCCLINTOCK, SUSAN E**
STREET ADDRESS **875 N MICHIGAN AVE 41ST FLR**
CITY-ST-ZIP **CHICAGO, IL 60611**

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

TITLE **P** ☐ Delete
NAME **COOK, ROBERT J.**
STREET ADDRESS **875 N MICHIGAN AVE, 41ST FLOOR**
CITY-ST-ZIP **CHICAGO, IL 606111901**

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

TITLE **VP** ☐ Delete
NAME **DIAZ, ADOLFO J**
STREET ADDRESS **9415 SUNSET DRIVE, SUITE 226**
CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE **TS** ☐ Delete
NAME **FERKULL, PAULA M.**
STREET ADDRESS **875 N MICHIGAN AVE, 41ST FLOOR**
CITY-ST-ZIP **CHICAGO, IL 606111901**

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Marlena M. Casellini** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Marlena M. Casellini**
STREET ADDRESS **101 California St, 26 Fl.**
CITY-ST-ZIP **San Francisco, CA 94111-5853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* **Paula M. Ferkull, Secretary** **03-31-03 312-266-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)