

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 3:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000080548 (8)

1. Corporation Name

15190 PRESTONWOOD BOULEVARD INC.

Principal Place of Business

**C/O STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32314**

Mailing Address

**C/O STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

4. FEI Number

36-3985541

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

502 N. Adams Street

City & State

22

Zip

Country

23

2a. Mailing Address

26

1801 Hermitage Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

27

Tallahassee, Florida

Zip

32308

Country

USA

28

9. Name and Address of Current Registered Agent

**SCHOW, HORACE II
C/O STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32314**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**BENNETT, DOUGLAS W
1230 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32314**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

502 N. Adams Street

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

502 N. Adams Street

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

**P
Charles H. Wurtzebach
180 N. LaSalle Street
Chicago, IL 60601**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

**V/T
Thomas D. McCarthy
180 N. LaSalle Street
Chicago, IL 60601**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

**V/S
John W. Noell
180 N. LaSalle Street
Chicago, IL 60601**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

**AS/AV
Gail Carey
180 N. LaSalle Street
Chicago, IL 60601**

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Carey

4/11/95

(312) 541-6767

Date

Telephone Number

SECRET CP