

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000080548 (8)

1. Corporation Name

15190 PRESTONWOOD BOULEVARD INC.

Principal Place of Business

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US

Mailing Address

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308-7703  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

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 David E. Todd

82 Street Address (P.O. Box Number is Not Acceptable)

1801 Hermitage Blvd.

83 Suite 100

84 City Tallahassee

FL

85 Zip Code 32308

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 *David E. Todd*

David E. Todd, Assistant General Counsel

1-22-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | BENNETT, DOUGLAS W       |                                 |
| STREET ADDRESS | 1801 HERMITAGE BLVD      |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL           |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | MILLER, TODD A           |                                 |
| STREET ADDRESS | 1801 HERMITAGE BLVD      |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL           |                                 |
| TITLE          | P                        | <input type="checkbox"/> DELETE |
| NAME           | EDELMAN, HOWARD          |                                 |
| STREET ADDRESS | 180 N LASALLE STREET     |                                 |
| CITY-ST-ZIP    | CHICAGO IL               |                                 |
| TITLE          | VTAS                     | <input type="checkbox"/> DELETE |
| NAME           | SMITH, ROGER E.          |                                 |
| STREET ADDRESS | 180 N LASALLE STREET     |                                 |
| CITY-ST-ZIP    | CHICAGO IL               |                                 |
| TITLE          | VS                       | <input type="checkbox"/> DELETE |
| NAME           | NOELL, JOHN W            |                                 |
| STREET ADDRESS | 180 N LASALLE STREET     |                                 |
| CITY-ST-ZIP    | CHICAGO IL               |                                 |
| TITLE          | VAS                      | <input type="checkbox"/> DELETE |
| NAME           | BURDI, THOMAS M.         |                                 |
| STREET ADDRESS | 180 NORTH LASALLE STREET |                                 |
| CITY-ST-ZIP    | CHICAGO IL               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 do 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 included 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:

Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

Date Day, month, Year

CR2E034 (9/96)