

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90004 016 ***150.00

DOCUMENT # P94000080548

1. Entity 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
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3985541		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D/	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, DOUGLAS W			NAME			
STREET ADDRESS	1801 HERMITAGE BLVD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOGNARELLI, MAURY			NAME			
STREET ADDRESS	180 N. LASALLE ST.			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601			CITY-ST-ZIP			
TITLE	VS-	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, THOMAS			NAME			
STREET ADDRESS	180 N LASALLE STREET			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROGER E.			NAME			
STREET ADDRESS	180 N LASALLE STREET			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	DVAS	<input checked="" type="checkbox"/> Delete		TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HORTON, JAMES W			NAME	Jeffrey L. Smith		
STREET ADDRESS	1801 HERMITAGE BLVD			STREET ADDRESS	1801 Hermitage Blvd.		
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	DVAT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, LYNNE M			NAME			
STREET ADDRESS	1801 HERMITAGE BLVD. #600			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP			

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]* **2-21-02** **(312) 855-5700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Roger E. Smith, V.P., Treasurer

CR2E034 (9/01)