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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 # P95000005349 (2)

1. Corporation Name
11505 WINDCREST LANE INC.

Principal Place of Business

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US

Mailing Address

1801 HERITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308-7703
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

36-3999940

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
1236 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME MILLER, TODD A
STREET ADDRESS 1801 HERMITAGE BLVD
CITY-STATE-ZIP TALLAHASSEE FL

TITLE VAS ☐ DELETE
NAME BURDI, THOMAS M.
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL

TITLE VS ☐ DELETE
NAME NOELL, JOHN
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL

TITLE VTAS ☐ DELETE
NAME SMITH, ROGER E.
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL

TITLE P ☐ DELETE
NAME EDLEMAN, HOWARD
STREET ADDRESS 180 N LASALLE STREET
CITY-STATE-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 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 provided 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

2-3-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)