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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 # P95000093916 (1)

1. Corporation Name

2502 ROCKY POINT DRIVE INC.



Principal Place of Business

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

Mailing Address

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308-7703

3. Date Incorporated or Qualified

12/11/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1801 Hermitage Blvd.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 US

2a. Mailing Address

26 1801 Hermitage Blvd.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Tallahassee, FL

Zip

29 32308

Country

30 US

4. FEI Number

36-4057655

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
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

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 607.0532 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	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
D	BENNETT, DOUGLAS W	1801 HERMITAGE BOULEVARD	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	MILLER, TODD A	1801 HERMITAGE BOULEVARD	TALLAHASSEE FL 32308	<input type="checkbox"/>
VAS	BURDI, THOMAS M	180 N. LASALLE STREET	CHICAGO IL 60601	<input type="checkbox"/>
S	NOELL, JOHN W	180 N. LASALLE STREET	CHICAGO IL 60601	<input type="checkbox"/>
VTAS	SMITH, ROGER E	180 N. LASALLE STREET	CHICAGO IL 60601	<input type="checkbox"/>
P	EDELMAN, HOWARD J	180 N. LASALLE STREET	CHICAGO IL 60601	<input type="checkbox"/>

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
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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.

Douglas W. Bennett, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/97

Daytime Phone

CR2E034 (9/96)