


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90287 010 ***150.00

DOCUMENT # P95000093916

1. Entity Name
2502 ROCKY POINT DRIVE 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**

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 100
City & State

3. Mailing Address
Suite, Apt. #, etc.
Suite 100
City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4057655** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENNETT, DOUGLAS W | |
| STREET ADDRESS | 1801 HERMITAGE BOULEVARD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | TOGNARELLI, MAURY | |
| STREET ADDRESS | 180 N LASALLE ST | |
| CITY-ST-ZIP | CHICAGO IL 60601 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BURDI, THOMAS M | |
| STREET ADDRESS | 180 N. LASALLE STREET | |
| CITY-ST-ZIP | CHICAGO IL 60601 | |
| TITLE | DVAS | <input checked="" type="checkbox"/> Delete |
| NAME | HORTON, JAMES W | |
| STREET ADDRESS | 1801 HERMITAGE BLVD STE 100 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | SMITH, ROGER E | |
| STREET ADDRESS | 180 N. LASALLE STREET | |
| CITY-ST-ZIP | CHICAGO IL 60601 | |
| TITLE | DVAT | <input type="checkbox"/> Delete |
| NAME | GRAY, LYNNE M | |
| STREET ADDRESS | 1801 HERMITAGE BLVD #600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Smith, Jeffrey L. | |
| STREET ADDRESS | 1801 Hermitage Blvd. | |
| CITY-ST-ZIP | Tallahassee FL 32308 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas M. Burdi **SIGNATURE REQUIRED** **2/17/03** **(312) 855-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Thomas M. Burdi, Vice President** Date Daytime Phone #

CR2E034 (10/02)