## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P96000075593** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name WATERTON PD II, INC. 04-19-2000 90107 022 \*\*\*150.00 Mailing Address Principal Place of Business 225 WEST WASHINGTON STREET 225 WEST WASHINGTON STREET **SUITE 1640** SUITE 1640 CHICAGO IL 60606-3100 CHICAGO IL 60606 2. Principal Place of Business 3. Mailing Address N. North Court DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 36-4108479 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired. -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPST** TITLE TITLE Change ☐ Addition ☐ Delete VILIM. PETER M NAME NAME 225 W. WASHINGTON ST., STE. 1640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60606 DPST ☐ Addition ☐ Change ☐ Delete TITLE SCHWARTZ, DAVID R NAME NAME 225 W. WASHINGTON ST., STE. 1640 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60606 Change ☐ Addition ☐ Delete TITLE SCHWARTZ, JAMES NAME NAME 225 W. WASHINGTON ST., STE. 1640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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