2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE

May 21, 2002 8:00 am § Secretary of State DOCUMENT # P98000019920 1. Entity Name 05-21-2002 91127 034 ***150 00 HELLER AFFORDABLE HOUSING OF FLORIDA, INC. Principal Place of Business Mailing Address 500 WEST MONROE STREET 500 WEST MONROE STREET CHICAGO IL 60661 CHICAGO IL 60661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4080445 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME MARTIN, LAURALEE E NAME STREET ADDRESS **500 WEST MONROE STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 TITLE ☐ Delete TITLE Change ☐ Addition NAME PETROVSKI, JOHN C NAME STREET ADDRESS STREET ADDRESS **500 W. MONROE STREET** CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 ☐ Delete ☐ Change ☐ Addition NAME NAME HOLLAND, DENNIS K STREET ADDRESS **500 WEST MONROE STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 TITLE ☐ Delete TITLE D ☐ Change ☐ Addition NAME PETROVSKI, JOHN C NAME STREET ADDRESS STREET ADDRESS 500 W. MONROE ST. CITY-ST-ZIE CITY-ST-ZIP CHICAGO IL 60661 TITLE ☐ Delete TITLE Change ☐ Addition NAME KRAMER, JOAN NAME STREET ADDRESS STREET ADDRESS 500 W. MONROE ST. CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 TITLE ☐ Delete TITLE Change ☐ Addition NAME DEERING. KRISTIN NAME STREET ADDRESS **500 W. MONROE STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 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 accordate 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 proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the corporation or the receiver or trustee empowered to proceed the section of the section o

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NIMO BARRY LIBKIN APRIL 24, 2002 312-441-7455 STITION SIGNATURE AND TYPE R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

like empowered.