

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070047

Entity Name: 770 TAMALPAIS DRIVE INC.**Current Principal Place of Business:**1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE, FL 32308**Current Mailing Address:**191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US**FEI Number:** 59-3303793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 191 N WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAS
Name HUDGINS, MARK S
Address 191 N. WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD.
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BLVD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VS
Name MCCARTHY, THOMAS D
Address 191 N. WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title D
Name HAZEN, MAUREEN
Address 1801 HERMITAGE BLVD.
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name TAYLOR, LAMAR
Address 1801 HERMITAGE BLVD.
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK HUDGINS

VICE PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VAS
Name	PROCTOR, TOM
Address	1801 HERMITAGE BLVD. SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308