

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070047

Entity Name: 770 TAMALPAIS DRIVE INC.**Current Principal Place of Business:**1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**110 N WACKER DRIVE
SUITE 4000
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	110 N WACKER DRIVE SUITE 4000
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	D
Name	SPOOK, STEPHEN A
Address	1801 HERMITAGE BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	D
Name	HAZEN, MAUREEN M
Address	1801 HERMITAGE BLVD. SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308

Title	VT
Name	CHRISTENSEN, LAWRENCE J
Address	110 N WACKER DRIVE SUITE 4000
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	VS
Name	MCCARTHY, THOMAS D
Address	110 N WACKER DRIVE SUITE 4000
City-State-Zip:	CHICAGO IL 60606
Title	D
Name	FOOTE, CHAD
Address	1801 HERMITAGE BLVD. SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308

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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 S HUDGINS

VICE PRESIDENT

05/03/2024

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