

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070047

Entity Name: 770 TAMALPAIS DRIVE INC.**Current Principal Place of Business:**1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308 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	SECRETARY
Name	MCCARTHY, THOMAS D.
Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	ASSISTANT TREASURER
Name	GRAY, LYNNE M.
Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	VP
Name	HUDGINS, MARK S.
Address	1801 HERMITAGE BOULEVARD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308

Title	ASSISTANT SECRETARY
Name	HUDGINS, MARK S.
Address	110 N WACKER DR SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	CEO
Name	TOGNARELLI, MAURY R.
Address	110 N WACKER DR SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	CFO
Name	CHRISTENSEN, LAWRENCE J.
Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	ASSISTANT SECRETARY
Name	PROCTOR, TOM
Address	110 N WACKER DR SUITE 4000
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	SPOOK, STEPHEN A.
Address	110 N WACKER DR SUITE 4000
City-State-Zip:	CHICAGO IL 60606

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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

03/28/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAZEN, MAUREEN
Address 110 N WACKER DR
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R.
Address 110 N WACKER DR
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name MAIN, MARCIA
Address 110 N WACKER DR
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title TREASURER
Name CHRISTENSEN, LAWRENCE J.
Address 110 N WACKER DR.
SUITE 4000
City-State-Zip: CHICAGO IL 60606