2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
9080467904CC

DOCUMENT# P98000074973

Entity Name: 278 POST STREET, 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: 59-3532176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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	PRESIDENT	Title	TREASURER
Name	TOGNARELLI, MAURY R.	Name	CHRISTENSEN, LAWRENCE J.
Address	110 N WACKER DR SUITE 4000	Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	SECRETARY	Title	ASSISTANT TREASURER
Name	MCCARTHY, THOMAS D.	Name	GRAY, LYNNE M.
Address	110 N WACKER DR. SUITE 4000	Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	CEO	Title	CFO
Name	TOGNARELLI, MAURY R.	Name	CHRISTENSEN, LAWRENCE J.
Address	110 N WACKER DR SUITE 4000	Address	110 N WACKER DR. SUITE 4000
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	ASSISTANT SECRETARY	Title	ASSISTANT SECRETARY
Name	HUDGINS, MARK S.	Name	BOLLMANN, TED
Address	110 N WACKER DR SUITE 4000	Address	110 N WACKER DR SUITE 4000
City-State-Zip:	CHICAGO IL 60606	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 VP 03/26/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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