2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002076

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90311 034 ***150.00

1. Entity Name

EAGLE RIDGE MALL, INC.

Principal Place of Business	Mailing Address
110 N WACKER CHICAGO IL 60606 US	110 N WACKER CHICAGO IL 60606-1511 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1420675 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MICHAELS, ROBERT		NAME		
STREET ADDRESS	110 N WACKER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BUCKSBAUM, MATTHEW		NAME	Michaels, Robert	
STREET ADDRESS	110 N WACKER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RICHARDS, STANLEY		NAME	Jon E. Batesole	
STREET ADDRESS	110 N WACKER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	DVPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FREIBAUM, BERNARD		NAME		
STREET ADDRESS	110 N WACKER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	DVPT	☐ Delete	TITLE	DCEO	☒ Change ☐ Addition
NAME	BUCKSBAUM		NAME		
STREET ADDRESS	110 N WACKER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME			NAME	MARSHALL E. Eisenberg	
STREET ADDRESS			STREET ADDRESS	2 N. LaSalle Ste. 2200	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60602	

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 accurate 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ BERNARD FREIBAUM 4-18-00 (312) 960-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)