

1.) CORPORATION NAME:

**SMITH REALTY COMPANY**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1180704**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TWO NORTH RIVERSIDE PLAZA  
SUITE 400

CITY/ST/ZIP: CHICAGO, IL 60606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KEVIN OSHEA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	TWO NORTH RIVERSIDE PLAZA STE. 400		
CITY/ST/ZIP/CO:	SUITE 400 CHICAGO, IL 60606		
NAME:	MARK PARRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 CHICAGO, IL 60606		
NAME:	JOANNE LOCKRIDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 CHICAGO, IL 60606		
NAME:	ROBERT GARECHANA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 CHICAGO, IL 60606		
NAME:	Scott Fenster	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	TWO NORTH RIVERSIDE PLAZA, SUITE 400		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME: EDWARD SCHULMAN TITLE: ASST SECRETARY ADDRESS: TWO N. RIVERSIDE PLAZA SUITE 400 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BRUCE STROHM TITLE: DIRECTOR ADDRESS: TWO N. RIVERSIDE PLAZA SUITE 400 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Scott Fenster	Scott Fenster, SECRETARY	6/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.