

CITY OF NAPERVILLE PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

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Nature of Benefit sought: Lond tional use / Parking Variance					
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ability Corporation (LLC)					
rietorship					
3, briefly state the nature and characteris					
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- If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
 - Limited Liability Corporation (LLC): The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Corporation: The name and address of all corporate officers; the name and address of
 every person who owns five percent (5%) or more of any class of stock in the corporation;
 the State of incorporation; the address of the corporation's principal place of business. If
 the State of incorporation is other than Illinois, confirm that the corporation is registered
 with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Trust or Land Trust: The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
 - Partnerships: The type of partnership; the name and address of all general and limited
 partners, identifying those persons who are limited partners and those who are general
 partners; the address of the partnership's principal office; and, in the case of a limited
 partnership, the county where the certificate of limited partnership is filed and the filing
 number.
 - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
 - Sole Proprietorship: The name and address of the sole proprietor and any assumed name.
 - Other Entities: The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

	Somoel w Stockton Sole Member
	621 wicholson St
	Jol-et Il 60435
6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	Semuelustocklow owner/sole Member
	621 Nicholson St. Joliet IC 60435
VE	ERIFICATION
Ι, ,	Somvel w. Stockelow (print name), being first duly sworn under oath, depose and state
tha	at I am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make is disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the
	atements contained therein are true in both substance and fact.
920	
Si	gnature:
Sı	obscribed and Sworn to before methis 13 day of 500, 2005
7	MIN Prouse To
N	ptan/Public and seal
	DEANNA RODRIGUEZ Official Seal
	Notary Public - State of Illinois My Commission Expires Mar 2, 2026



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1.	Owner: Address	Brixmor Holdings 6 SPE L. 100 Park Avenue, Suite 6		
	,,,,,,,,	New York. NY 10017		
2.	Nature of B	enefit sought: _Conditional us	se/parking variance	
3.	Nature of O	wner (select one):		
		☐ Individual	☐ Partnership	
		☐ Corporation	☐ Joint Venture	
		☐ Land Trust/Trustee		
		☐ Trust/Trustee	☐ Sole Proprietorship	
4.	If Owner is Owner:	an entity other than described	in Section 3, briefly state the nature and characteristics of	
		N/A		
5. If your answer to Section 3 was anything other than "Individual", please provide the following in in the space provided on page 9 (or on a separate sheet):				
	b. Col per of i inco Sec c. Tru othe d. Par par	mbers, as applicable. If the LLC istered with the Illinois Secretar rporation: The name and address on who owns five percent (5% neorporation; the address of the proporation is other than Illinois cretary of State's Office to transist or Land Trust: The name, er entities who are the beneficial thers, identifying those person thers; the address of the pair	ership; the name and address of all general and limited ns who are limited partners and those who are general rtnership's principal office; and, in the case of a limited	
	e. Joi of t	nt Ventures: The name and a he legal vehicle used to create	pertificate of limited partnership is filed and the filing number of the joint venture and the nature the joint venture. Indicate of the sole proprietor and any assumed name.	
	g. Oth	ner Entities: The name and a	address of every person having a proprietary interest, an eright to control any entity or venture not listed above.	
			BRE Retail Residual Mezz 1 LLC,	
	100	Park Avenue. Suite 600N. N	ew York. New York 10017	

6.	Name, address and capacity of person making this disclosure on behalf of the Owner:
	Nancy Lorenz, in her capacity as Project Manager for Owner
\/E0IEI	CATION
l,that I and disclosu	m the person making this disclosure on behalf of the Owner, that I am duly authorized to make the ure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statement ed therein are true in both substance and fact.
Signatu	ire: May her
	bed and Sworn to before me this 30 day of June 20 25 Public and seal
	SANDY ROA OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires Nov 23, 2025