FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:34

DOCUMENT # **578520** (9)

1. Corporation Name
CADILLAC FAIRVIEW FLORIDA, INC.

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. SUITE 1200 CHICAGO IL 60611	900 N. MICHIGAN AVE. SUITE 1200 CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1978
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 Box 802095	26 Box 802095
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Chicago, Illinois	City & State 28 Chicago, Illinois
Zip / Country 24 60680-2095 / 25 U.S.A.	Zip / Country 29 60680-2095 / 30 U.S.A.

4. FEI Number: 59-1504320 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	EADIE, GRAEME	1.2 NAME		
STREET ADDRESS	20 QUEEN ST. W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	GAIL, CAREY	2.2 NAME	Wood, Ross W. E.	
STREET ADDRESS	900 N. MICHIGAN AVE	2.3 STREET ADDRESS	20 Queen Street West, Suite 400	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Toronto, Ontario, Canada, M5H 3R4	
TITLE	S	3.1 TITLE	Executive Vice-President	☒ Change ☒ Addition
NAME	NOELL, JOHN W.	3.2 NAME	Gillin, Phillip C.	
STREET ADDRESS	900 N. MICHIGAN AVE.	3.3 STREET ADDRESS	20 Queen Street West, Suite 400	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Toronto, Ontario, M5H 3R4 Canada	
TITLE	D	4.1 TITLE	D	☒ Change ☒ Addition
NAME	YATES, KEVIN B.	4.2 NAME	Macdonald, John W.	
STREET ADDRESS	900 N. MICHIGAN AVE.	4.3 STREET ADDRESS	20 Queen Street West, Suite 400	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Toronto, Ontario, Canada, M5H 3R4	
TITLE	VAS	5.1 TITLE	Assistant Vice President	☒ Change ☒ Addition
NAME	BRADBURY, KATHRYN M.	5.2 NAME	Sherwood, Nancy G.	
STREET ADDRESS	900 N. MICHIGAN AVE.	5.3 STREET ADDRESS	20 Queen Street West, Suite 400	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Toronto, Ontario, Canada, M5H 3R4	
TITLE	D	6.1 TITLE	Executive Vice-President	☒ Change ☒ Addition
NAME	CLAEYS, JEROME J., III	6.2 NAME	Biback, Donald M.	
STREET ADDRESS	900 N. MICHIGAN AVE.	6.3 STREET ADDRESS	20 Queen Street West, Suite 400	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	Toronto, Ontario, Canada, M5H 3R4	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ross W. E. Wood Assistant Secretary March 10, 1995 (416) 598-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0386863 CP