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

APPROVED AND FILED
95 MAY -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841085 (4)

1. Corporation Name
REALTY MANAGERS, INC.

Principal Place of Business
900 NORTH MICHIGAN AVENUE. SUITE 2000
CHICAGO IL 60611-8575

Mailing Address
900 NORTH MICHIGAN AVENUE. SUITE 2000
CHICAGO IL 60611-8575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1978
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 900 N. Michigan Avenue	26 900 N. Michigan Avenue
Suite, Apt #, etc 22 Suite 1200	Suite, Apt #, etc 27 Suite 1200
City & State 23 Chicago, IL	City & State 28 Chicago, IL
Zip 24 60611-1575 Country 25	Zip 29 60611-1575 Country 30

4. FEI Number: 36-2958601 ☐ 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 S. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	11 TITLE	AS/D/V/T ☐ Change ☒ Addition
NAME	KOGEN, HOWARD	12 NAME	
STREET ADDRESS	900 N MICHIGAN AVENUE	13 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP	60611-1575
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BERGSTROM, KELLEY A.	22 NAME	
STREET ADDRESS	900 N MICHIGAN AVENUE	23 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	60611-1575
TITLE	AVS	31 TITLE	☐ Change ☐ Addition
NAME	YATES, KEVIN B.	32 NAME	
STREET ADDRESS	900 N MICHIGAN AVENUE	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	60611-1575
TITLE	SAS	41 TITLE	☐ Change ☐ Addition
NAME	NEILSEN, PAUL C.	42 NAME	
STREET ADDRESS	900 N MICHIGAN AVENUE	43 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	60611-1575
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	GODSEY, RON	52 NAME	
STREET ADDRESS	900 N MICHIGAN AVENUE	53 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	60611-1575
TITLE	SVP	61 TITLE	SVP ☒ Change ☐ Addition
NAME	~~O'BRIEN, JAMES G.~~	62 NAME	David T. Hejna
STREET ADDRESS	900 NORTH MICHIGAN AVE.	63 STREET ADDRESS	900 N. Michigan Avenue
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	Chicago, IL 60611-1575

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: [signature] Kevin B. Yates 4-27-95 (312)915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385578 CP