

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90105 001 ***300.00

DOCUMENT # 856016

1. Entity Name
CADILLAC FAIRVIEW CORP.



Principal Place of Business
**TWO CONCOURSE PARKWAY
SUITE 260
ATLANTA, GA 30328 US**

Mailing Address
**TWO CONCOURSE PARKWAY
SUITE 250
ATLANTA, GA 30328 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
51-0258297

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNCAN, BRUCE W 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD HAGAN, JON N 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WOOD, ROSS W.E. 20 QUEEN STREET WEST, SUITE 500 TORONTO, ONTARIO, CANADA, M5H-34 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please see attached Schedule "A"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SHARPE, L PETER 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SHERWOOD, NANCY G 20 QUEEN STREET WEST, SUITE 500 TORONTO, ONTARIO, CANADA, M5H-34 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BARBETTA, PETER J 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lois A. Miles, VP & Assistant Sec'y** April 16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
416-598-8200

CRZE034 (10/02)

ATTACHMENT

SSO28780

SCHEDULE "A"

Doc#856016

List of Officers and Directors of the
Cadillac Fairview Corp.

1. L. Peter Sharpe
Director
Officer: President and Chief Executive Officer
Residence: 239 Old Yonge Street
Toronto, Ontario, Canada M2P 1R6
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number
2. Peter J. Barbeta
Director
Officer: Executive Vice-President, General Counsel, Secretary & Treasurer
Residence: 24 Vintage Lane
Thornhill, Ontario, Canada L3T 1X6
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number
3. Anthony Grossi
Executive Vice-President
Residence: 3 Ivor road
Toronto, Ontario, Canada M4N 2H3
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number
4. Robert Alan Carlisle
Senior Vice-President
Residence: 1832 Tristan Drive
Smyrna, Georgia 30080
Business: Two Concourse Parkway, Suite 260
Atlanta, Georgia 30328
Social Security Number is: 449-080-069
5. Andrea Stephen
Senior Vice-President
Residence: 168 Blythwood Road
Toronto, Ontario, Canada M4N 1A4
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number
6. Lois A. Miles
Vice-President & Assistant Secretary
Residence: 148 Bedford Road
Toronto, Ontario, Canada M5R 2K8
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number
7. Nancy G. Sherwood
Assistant Vice-President
Residence: 914 Yonge Street, Suite 2002
Toronto, Ontario, Canada M4W 3C8
Business: 20 Queen Street West, Suite 500
Toronto, Ontario, Canada M5H 3R4
Please note that this officer is a Canadian resident and does not have a social security number