

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F93000001186 (6)**  
 1. Corporation Name  
**MCD REAL ESTATE, INC.**



Principal Place of Business <b>MCDONALD INVESTMENT CENTER                  800 SUPERIOR AVENUE                  CLEVELAND OH 44114-2603                  US</b>	Mailing Address <b>MCDONALD INVESTMENT CENTER                  800 SUPERIOR AVENUE                  CLEVELAND OH 44114-2601                  US</b>
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	02/16/1993	05/01/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	34-1331003	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BOGOTT, TIMOTHY R                  % MARINER CAPITAL MANAGEMENT, INC.                  13391 MCGREGOR BLVD., SW                  FT. MYERS FL 33907</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDINGER, JAMES C	1.2 NAME	Redinger, James C.
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	1.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	1.4 CITY-ST-ZIP	Cleveland, OH 44114-2603
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASCA, MARK J	2.2 NAME	Cundiff, Richard R., III
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	2.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	2.4 CITY-ST-ZIP	Cleveland, OH 44114-2603
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, HENRY V	3.2 NAME	Kerr, Henry V.
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	3.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	3.4 CITY-ST-ZIP	Cleveland, OH 44114-2603
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, GORDON A	4.2 NAME	Jamieson, Patricia J.
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	4.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	4.4 CITY-ST-ZIP	Cleveland, OH 44114-2603
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, THOMAS M	5.2 NAME	O'Donnell, Thomas M.
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	5.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	5.4 CITY-ST-ZIP	Cleveland, OH 04114-2603
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, WILLIAM B JR.	6.2 NAME	Summers, William B., Jr.
STREET ADDRESS	800 SUPERIOR AVE., SUITE 2100	6.3 STREET ADDRESS	McDonald Investment Ctr., 800 Superior Ave
CITY-ST-ZIP	CLEVELAND OH 44114	6.4 CITY-ST-ZIP	Cleveland, OH 44114-2603

14. I do 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 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: *Patricia J. Jamieson* Date: *4/24/97*

CR25034 (9/96)