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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001186
 1. Corporation Name
MCD REAL ESTATE, INC.

Principal Place of Business MCDONALD INVESTMENT CENTER 800 SUPERIOR AVENUE CLEVELAND OH 44114-2603 US	Mailing Address MCDONALD INVESTMENT CENTER 800 SUPERIOR AVENUE CLEVELAND OH 44114-603 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/16/1993	Applied For Not Applicable
4. FEI Number 34-1331003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOGOTT, TIMOTHY R
% MARINER CAPITAL MANAGEMENT, INC.
13391 MCGREGOR BLVD., SW
FT. MYERS FL 33907

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDINGER, JAMES C	1.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR 800 SUPERIOR AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNDIFF, RICHARD R III	2.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, HENRY V	3.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIESON, PATRICIA J	4.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUTTERBUCK, ROBERT T	5.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, WILLIAM B JR.	6.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia Jamieson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR