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FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000958 (8)

1. Corporation Name

JMB/NORTHERN REAL ESTATE FUND, INC.



Principal Place of Business

180 N LASALLE STREET  
SUITE 3400  
CHICAGO IL 60601  
US

Mailing Address

180 N LASALLE STREET  
SUITE 3400  
CHICAGO IL 60601-2807  
US

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

07/31/1996

2. Principal Place of Business

21 180 N. LaSalle Street

2a. Mailing Address

26 180 N. LaSalle Street

4. FET Number

36-3652846

Applied For

Not Applicable

Suite, Apt. #, etc.

22 3400

Suite, Apt. #, etc.

27 3400

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Chicago, IL

City & State

28 Chicago, IL.

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 60601

Country

25 USA

Zip

29 60601

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of typeface of agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WURTZBACH, CHARLES H  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE CD  
NAME CLAEYS, JEROME J III  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE CD  
NAME PERLMUTTER, STEPHEN M  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE MDS  
NAME NOELL, JOHN W  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE AVAS  
NAME CAREY, GAIL  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE T  
NAME SMITH, ROGER E  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Director ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

Gail Carey, Ast. Vice Pres.

4/8/97 (312)541-6767

CR2E034 (9/96)