

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED
95 MAR 13 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003869**

1. Corporation Name

SC Management, Inc.
(d/b/a SC Management, Inc. (Illinois))

Principal Place of Business
c/o Ann M. Schneider
2 N. Riverside Plaza
Chicago, IL 60606

Mailing Address
c/o Ann M. Schneider
2 N. Riverside Plaza
Chicago, IL 60606

000001429680
-03/15/95--01024--005
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
7/20/94

3a. Date of Last Report

4. FEI Number
36-3958105

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director/Vice Chair/COO/CFO
NAME	David Contis
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director/VP/Treasurer
NAME	Arthur A. Greenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director/VP/Asst. Secy.
NAME	Shelli Z. Rosenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director/Chairman/CEO
NAME	Sanford Shkolnik
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Director
NAME	Samuel Zell
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Secretary
NAME	Ann M. Schneider
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a notefee.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann M. Schneider, Secretary

3/8/95 312-466-3607

Handwritten: LW 3-13-95