

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004759 (4)

1. Corporation Name
ZELL/MERRILL IV, INC.



Principal Place of Business 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606	Mailing Address 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606-2608
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3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-4076441	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZELL, SAMUEL		1.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLAHAN, TIMOTHY H		2.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		2.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIELD, NORMAN		3.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENBERG, ARTHUR A		4.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIEBENTRITT, DONALD J		5.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		5.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		5.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PHILLIPS, DONALD W		6.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		6.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		6.4 CITY-ST-ZIP	

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**Schneider, Ann M.
2 N. Riverside Plaza
Chicago, IL 60606**

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: _____ Ann M. Schneider Secretary Date: 4/4/97 Daytime Phone #: 312-466-3607

CR2E034 (9/96)