FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P19599** **(0)**

1. Corporation Name

HO PEMBROKE SQUARE MALL INVESTMENT CO.

Principal Place of Business
%CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801-1134

Mailing Address
%CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801-1134

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-0361913 — 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 signer and title of officer or agent) (Title: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	GREGOIRE, MICHAEL J.	
STREET ADDRESS	55 W. MONROE #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☒ DELETE
NAME	WELCOME, RICHARD P.	
STREET ADDRESS	55 W. MONROE #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☒ DELETE
NAME	BENVENUTO, CHARLE J	
STREET ADDRESS	55 W. MONROE #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVT	☒ DELETE
NAME	NEWMAN, BRAD H.	
STREET ADDRESS	55 W. MONORE #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	☒ DELETE
NAME	YATES, MARK L.	
STREET ADDRESS	55 W. MONROE #3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AT	☒ DELETE
NAME	HOYT, EDMUND	
STREET ADDRESS	55 W. MONROE #3100	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	Kaufman, Barry	
1.3 STREET ADDRESS	3333 Beverly Rd.	
1.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	
2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	Douglas, Ronald P.	
2.3 STREET ADDRESS	3333 Beverly Rd.	
2.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	
3.1 TITLE	DT	☐ Change ☒ Addition
3.2 NAME	Peterson, Alice M	
3.3 STREET ADDRESS	3333 Beverly Rd.	
3.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Garnant, Carol	
4.3 STREET ADDRESS	3333 Beverly Rd.	
4.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	Grienenberger, Warren	
5.3 STREET ADDRESS	3333 Beverly Rd.	
5.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	
6.1 TITLE	AS	☐ Change ☒ Addition
6.2 NAME	Griffin, Kimberly	
6.3 STREET ADDRESS	3333 Beverly Rd.	
6.4 CITY-ST-ZIP	Hoffman Estates, IL 60179	

CR2E034 (12/95)

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 119.07(3)(k), 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: SK J A Bettny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

Daytime Phone #