4-30-98 B5987 c

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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 30 1998 8:00am
Secretary of State

DOCUMENT # **P19599** (0)

1. Corporation Name
HO PEMBROKE SQUARE MALL INVESTMENT CO.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3333 Beverly Rd.	26 3333 Beverly Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 768TAX, B5-220B/B
City & State 23 Hoffman Estates, IL	City & State 28 Hoffman Estates, IL
Zip 24 60179 Country 25	Zip 29 60179 Country 30

3. Date Incorporated or Qualified: 06/09/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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	DP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, BARRY		1.2 NAME	
STREET ADDRESS	3333 BEVERLY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, RONALD P.		2.2 NAME	
STREET ADDRESS	3333 BEVERLY RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, ALICE M.		3.2 NAME	
STREET ADDRESS	3333 BEVERLY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARNANT, CAROL		4.2 NAME	
STREET ADDRESS	3333 BEVERLY RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	PENCE, ROBERT J		5.2 NAME	Victoria Berghel
STREET ADDRESS	3333 BEVERLY RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, KIMBERLY		6.2 NAME	
STREET ADDRESS	3333 BEVERLY RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] 4/17/98