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 # **442577** **(3)**

1. Corporation Name

FIRST CAPITAL INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606	TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **01/21/1974**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **59-1506424** ☐ 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

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 **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 _____ (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	71 TITLE	V/T	☐ Change ☒ Addition
NAME	ROSENBERG, SHELI		72 NAME	Norman M. Field	
STREET ADDRESS	2 NO RIVERSIDE PLAZA		73 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	CHICAGO IL		74 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	P	☐ DELETE	71 TITLE	Director	☐ Change ☒ Addition
NAME	CROCKER, DOUGLAS II		72 NAME	Samuel Zell	
STREET ADDRESS	2 NO RIVERSIDE PLZ		73 STREET ADDRESS	2 North Riverside Plaza	
CITY-ST-ZIP	CHICAGO IL		74 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	☒ DELETE	71 TITLE	Director	☐ Change ☒ Addition
NAME	MCHUGH, MICHAEL J.		72 NAME	Sheli Rosenberg	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		73 STREET ADDRESS	2 North Riverside Plaza	
CITY-ST-ZIP	CHICAGO IL		74 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	S	☐ DELETE	71 TITLE		☐ Change ☐ Addition
NAME	OBUCHOWSKI, SUSAN		72 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		73 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 00000		74 CITY-ST-ZIP		
TITLE	T	☒ DELETE	71 TITLE		☐ Change ☐ Addition
NAME	FIELD, NORMAN M		72 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		73 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		74 CITY-ST-ZIP		
TITLE		☐ DELETE	71 TITLE		☐ Change ☐ Addition
NAME			72 NAME		
STREET ADDRESS			73 STREET ADDRESS		
CITY-ST-ZIP			74 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 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: Norman Field 3-27-96 312-454-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

CR2E034 (12/95)