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Apr 29 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754688 (0)**

1. Corporation Name

**INSTITUTE FOR CORPORATE REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

**440 COLUMBA DR. STE. 100  
WEST PALM BEACH FL 33409-1968**

**440 COLUMBA DR. STE. 100  
WEST PALM BEACH FL 33409-1968**

3. Date Incorporated or Qualified

**10/17/1980**

4. FEI Number

**59-2894999 2432551**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**WYLLIE, GORDON H  
440 COLUMBIA DR  
STE. 100  
WEST PALM BEACH FL 33409**

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 617.0502 and 617.1506, 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 617.0503, 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 ☐ DELETE  
NAME **D**  
STREET ADDRESS **DOCHRANE, MR. MARSHALL J**  
CITY-ST-ZIP **2800 CAMINO RAMON, RM 1N049  
SAN RAMON CA**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DORAN, MR JAMES F**  
CITY-ST-ZIP **74 TRINITY PLACE, 23RD FLOOR  
NEW YORK NY**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LACKEY, MR RICHARD C**  
CITY-ST-ZIP **3350 PEACHTREE RD NE, STE. 1250  
ATLANTA GA**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PREMO, MR LANE H**  
CITY-ST-ZIP **18000 72ND AVE SOUTH, STE. 206  
KENT WA**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DAVIS, MR JOHN W**  
CITY-ST-ZIP **3 EMBARCADERO CENTER, STE 980  
SAN FRANCISCO CA**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HOLT, MR JAMES B**  
CITY-ST-ZIP **3353 MICHELSON DR, ML 551H  
IRVINE CA**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SEE STATEMENT ATTACHED FOR**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**OFFICERS AND DIRECTORS**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Gordon Wyllie*

4/21/98

561-683-8111

CR2E037 (1097)

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**D Lewis Pierotti**  
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