

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 03 1997 8:00am
Secretary of State

DOCUMENT # 814253

(1)

1. Corporation Name

M-W PROPERTIES CORPORATION

Principal Place of Business

C/O TAX PROPERTIES CORPORATION 7-3
MONTGOMERY WARD PLAZA, 844 N. LARRABEE
CHICAGO ILLINOIS 60671

Mailing Address

C/O TAX PROPERTIES CORPORATION 7-3
MONTGOMERY WARD PLAZA, 844 N. LARRABEE
CHICAGO ILLINOIS 60671

3. Date Incorporated or Qualified
03/01/1960

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 32 Loockerman Square

2a. Mailing Address

26 Payroll Tax 8-3

4. FEI Number

36-2480622

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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

Signature type: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HEINE, SPENCER H.
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VTD ☐ DELETE

NAME HARMS CAROL J.
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME MORGAN G.T.
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME DELK, PHILIP D.
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ASD ☐ DELETE

NAME WORKMAN, JOHN L.
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE VAT ☐ DELETE

NAME GATHANY DOUGLAS V..
STREET ADDRESS MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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: *James Butler* REQUIRED James Butler, Asst. Sec'y 03/18/97 (312) 467-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0627842

CR2E034 (9/96)