

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90113 012 ***150.00

DOCUMENT # 814253

1. Corporation Name

M-W PROPERTIES CORPORATION

Principal Place of Business

32 LOOCKERMAN SQUARE
L100
DOVER DE 19901
US

Mailing Address

PAYROLL TAX 8-3
MONTGOMERY WARD PLAZA. 844 N. LARRABEE
CHICAGO ILLINOIS 60671
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1960

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 owes the current year Intangible

Personal Property Tax: ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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, 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 CIVGIN, DON
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 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, with all other like empowered.

SIGNATURE: *Philip D. Delk* REQUIRED Delk Asst. Secretary 03/11/99 (312) 467 4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)