

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 10:36

DOCUMENT # **815021** (1)  
1. Corporation Name  
**MONTGOMERY WARD REALTY CORPORATION**

Principal Place of Business <b>% TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671</b>	Mailing Address <b>% TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/27/1961** 3a. Date of Last Report **03/08/1984**

4. FEI Number **36-2480623** 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

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

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	FL 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, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ASD
NAME	DELK, PHILIP D
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY, ST, ZIP	CHICAGO IL
TITLE	ASD
NAME	WORKMAN, JOHN L
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY, ST, ZIP	CHICAGO IL
TITLE	PD
NAME	HEINE, SPENCER, H
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY, ST, ZIP	CHICAGO, ILLINOIS 0
TITLE	VTD
NAME	HARMS, CAROL J.
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY, ST, ZIP	CHICAGO, ILLINOIS 0
TITLE	SD
NAME	MORGAN, G T
STREET ADDRESS	MONTGOMERY WARD PLAZA
CITY, ST, ZIP	CHICAGO, ILLINOIS 0
TITLE	VPA
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	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUTLER JAMES	
1.3 STREET ADDRESS	MONTGOMERY WARD PLAZA	
1.4 CITY, ST, ZIP	CHICAGO, IL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(1)(a), 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 007, 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* James Butler Assistant Secretary 3/30/95 (312) 467 4914