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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: % TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671
Mailing Address: % TAX ACCTG (7-3) MONTGOMERY WARD PLAZA CHICAGO IL 60671

3. Date Incorporated or Qualified: 01/27/1961
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business: 21 32 Lockerman Square, Suite, Apt. #, etc. 22 Suite L-100, City & State 23 Dover, Delaware, Zip 24 19901, Country 25
2a. Mailing Address: 26, Suite, Apt. #, etc. 27 Payroll Tax 8-3, City & State 28 Chicago, IL, Zip 29 60671, Country 30

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

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: Signature typed or printed name of registered agent and loc if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | ASD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELK, PHILIP D | 1.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 1.4 CITY - ST - ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORKMAN, JOHN L | 2.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 2.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEINE, SPENCER, H | 3.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, ILLINOIS 0 | 3.4 CITY - ST - ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARMS, CAROL J. | 4.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, ILLINOIS 0 | 4.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, G T | 5.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, ILLINOIS 0 | 5.4 CITY - ST - ZIP | |
| TITLE | VPA <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GATHANY, DOUGLAS V. | 6.2 NAME | |
| STREET ADDRESS | MONTGOMERY WARD PLAZA | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 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)(j), 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
Date Daytime Phone # 0527834

CR2E034 (9/96)