

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 815021 (1)**  
 1. Corporation Name  
**MONTGOMERY WARD REALTY CORPORATION**



Principal Place of Business <b>32 LOOCKERMAN SQUARE                  L100                  DOVER DE 19901                  US</b>	Mailing Address <b>% TAX ACCTG (7-3)                  PAYROLL TAX 8-3                  CHICAGO IL 60671                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/27/1961</b>	
21	26	4. FEI Number <b>36-2480623</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMS, CAROL J.	4.2 NAME	Don Civgin
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 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 Asst Secy (312) 467 4914

CR2E034 (10/97)

**Montgomery Ward Realty Corporation  
(Contd.)**

**Directors**

**Phillip D. Delk  
Spencer H. Heine  
Don Civgin  
John L. Workman  
G. Tad Morgan**

**Officers**

**President  
Vice President and Treasurer  
Vice President and Assistant  
Treasurer  
Vice President and Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary**

**Spencer H. Heine  
Don Civgin  
Douglas V. Gathany  
  
G. Tad Morgan  
Phillip D. Delk  
John L. Workman  
James R. Butler**

**All Directors and Officers can be reached at the following address:**

**Montgomery Ward Plaza  
Chicago, Illinois 60671**