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**May 13 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 # 815809 (9)
1. Corporation Name
THE EDWARD J. DEBARTOLO CORPORATION



Principal Place of Business
**7620 MARKET STREET
YOUNGSTOWN OH 44513**

Mailing Address
**7620 MARKET STREET
YOUNGSTOWN OH 44512-6078
US**

2. Principal Place of Business	2a. Mailing Address
21 7620 MARKET STREET	26 7620 MARKET STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 P.O. Box 9128	27 P.O. Box 9128
City & State	City & State
23 YOUNGSTOWN, OH	28 YOUNGSTOWN, OH
Zip	Zip
Country	Country
24 44513-9128	29 44513-9128
25 US	30 US

3. Date Incorporated or Qualified 12/01/1961	3a. Date of Last Report 05/01/1996
4. FEI Number 34-0652556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THRAILKILL, LARRY	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 44512	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEBARTOLO, EDWARD J JR	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 44512	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WOLFCALE, ARTHUR D JR	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 44512	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, LYNN E.	
STREET ADDRESS	7620 MARKET ST	
CITY-ST-ZIP	YOUNGSTOWN, OH 44512	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	YORK, MARIE DEBARTOLO	
STREET ADDRESS	7620 MARKET STREET	
CITY-ST-ZIP	YOUNGSTOWN OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES F.	
STREET ADDRESS	7620 MARKET ST.	
CITY-ST-ZIP	YOUNGSTOWN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 F. Murphy* *James F. Murphy* *11/11/96* *(330) 915-2028*

CR2E034 (9/96)