

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # 841624 (0)**

1. Corporation Name  
**DEVON PROPERTIES, INC.**

Principal Place of Business: **411 WEST PUTNAM AVE. CONGURRENCOY MGMT CORP. GREENWICH CT 06830**

Mailing Address: **411 WEST PUTNAM AVE. CONGURRENCOY MGMT CORP. GREENWICH CT 06830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 2a. Mailing Address

**21** S **NORTHSTAR PRESIDIO MANAGEMENT COMPANY, LLC**

**22** C **411 WEST PUTNAM AVENUE, SUITE 270**

**23** Z **GREENWICH, CT 06830**

**24** **AHU: Angelina Taylor**

3. Date Incorporated or Qualified  
**10/13/1978**

4. FEI Number  
**13-2954690**

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 or has paid the current year Intangible Personal Property Tax due June 30.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTZ, ROBERT</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	1.3 STREET ADDRESS	<b>Richard Sabella</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	1.4 CITY-ST-ZIP	<b>(see above)</b>
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLAUMANN, MARK</b>	2.2 NAME	<b>Senior VP + CFO</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	2.3 STREET ADDRESS	<b>Lawrence R. Senachet</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOVEIA, FRANK</b>	3.2 NAME	<b>Executive VP</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	3.3 STREET ADDRESS	<b>Allan B. Rotuschild</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VST</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYMUES, JAY</b>	4.2 NAME	<b>Vice President</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	4.3 STREET ADDRESS	<b>Charles Hummel</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRON, ARTHUR</b>	5.2 NAME	<b>VP, Treas, Sec</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	5.3 STREET ADDRESS	<b>Kevin Reardon</b>
CITY-ST-ZIP	<b>GREENWICH CT</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANSONE, GUY</b>	6.2 NAME	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWICH CT</b>	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: *[Signature]* **3/19/98 203-862-7032**

CR2E034 (10/97)