

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

0001481

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90030 045 ***150.00

DOCUMENT # 841624

1. Corporation Name DEVON PROPERTIES, INC.



Principal Place of Business NORTHSTAR PRESIDIO MGMT CO INC 411 W PUTNAM AVE STE 270 GREENWICH CT 06830 US

Mailing Address NORTHSTAR PRESIDIO MGMT CO INC 411 W PUTNAM AVE STE 270 GREENWICH CT 06830 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State *Same* 27 City & State *Same*

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 10/13/1978

4. FEI Number 13-2954690 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 owes the current year Intangible Personal Property Tax. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SABELLA, RICHARD	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	SCHACHTER, LAWRENCE R	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, ALLAN B	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUMBER, CHARLES	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	REARDON, KEVIN	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allan B. Rothschild
1.3 STREET ADDRESS	add: Suite 270
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same
2.3 STREET ADDRESS	add: Suite 270
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SVP, Sec + Treas
3.3 STREET ADDRESS	J. Peter Paquelli
3.4 CITY-ST-ZIP	add: Suite 270
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same
4.3 STREET ADDRESS	add: Suite 270
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Allan B. Rothschild
5.4 CITY-ST-ZIP	add: Suite 270
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-27-99 DAYTIME PHONE #: 203 862-7032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LAWRENCE R. SCHACHTER - CEO + SVP

CR2E034 (1/198)