CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:29

DOCUMENT # 846913 (2)

1. Corporation Name
GABEWARD PROPERTIES CORPORATION

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1980
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 36-3087208 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 Date If Applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	VP & S	☒ Change ☐ Addition
NAME	MORGAN, G.T.	12 NAME	MORGAN, G.T.	
STREET ADDRESS	MONTGOMERY WARD PLAZA	13 STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	21 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	DELK, PHILIP D	22 NAME	BUTLER, JAMES	
STREET ADDRESS	MONTGOMERY WARD PLAZA	23 STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	CHICAGO, IL	
TITLE	ASD	31 TITLE		☐ Change ☐ Addition
NAME	WORKMAN, JOHN L.	32 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	HEINE, SPENCER, H	42 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	43 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	44 CITY-ST-ZIP		
TITLE	VTD	51 TITLE		☐ Change ☐ Addition
NAME	HARMS, CAROLJ.	52 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	VPAT	61 TITLE		☐ Change ☐ Addition
NAME	GATHANY, DOUGLAS	62 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Jamon Butler, Assistant Secretary 3/30/95 (312) 467 4914
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477409 FP