

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 856016 (1)

1. Corporation Name
CADILLAC FAIRVIEW CORP.

Principal Place of Business Mailing Address

900 N MICHIGAN AVE.
SUITE 1800
CHICAGO IL 60611

900 N. MICHIGAN AVENUE
SUITE 1800
CHICAGO IL 60611
US

2. Principal Place of Business 2a. Mailing Address

21 Box 802095 26 Box 802095

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Chicago, Illinois 28 Chicago, Illinois

Zip Country Zip Country

24 60680-2095 25 29 60680-2095 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/04/1983 3a. Date of Last Report 02/16/1994

4. FEI Number 51-0258297 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 *[Signature]* (Signature typed or printed name of registered agent and title if applicable) (Date) (Signature typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADIE, GRAEME M	12. NAME	
STREET ADDRESS	20 QUEEN ST WEST	13. STREET ADDRESS	
CITY, ST, ZIP	TORONTO, ONTARIO	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAEYS, JERMONE J.	22. NAME	Masson, Charles M.
STREET ADDRESS	900 N MICHIGAN AVE	23. STREET ADDRESS	20 Queen Street West, Ste. 400
CITY, ST, ZIP	CHICAGO IL	24. CITY, ST, ZIP	Toronto, Ontario, Canada, M5H 3R4
TITLE	AS	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, GAIL	32. NAME	Wood, Ross W. E.
STREET ADDRESS	900 N MICHIGAN AVE	33. STREET ADDRESS	20 Queen Street West, Ste. 400
CITY, ST, ZIP	CHICAGO IL	34. CITY, ST, ZIP	Toronto, Ontario, Canada, M5H 3R4
TITLE	VAS	41. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADBURY, KATHRYN, M	42. NAME	Gillin, Phillip C.
STREET ADDRESS	900 N MICHIGAN AVE	43. STREET ADDRESS	20 Queen Street West, Suite 400
CITY, ST, ZIP	CHICAGO IL	44. CITY, ST, ZIP	Toronto, Ontario, Canada, M5H 3R4
TITLE	VS	51. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOELL, JOHN W.	52. NAME	(Assistant Vice President) Sherwood, Nancy G.
STREET ADDRESS	900 N MICHIGAN AVE	53. STREET ADDRESS	20 Queen Street West, Ste. 400
CITY, ST, ZIP	CHICAGO IL	54. CITY, ST, ZIP	Toronto, Ontario, Canada, M5H 3R4
TITLE		61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	Macdonald, John W.
STREET ADDRESS		63. STREET ADDRESS	20 Queen Street West, Ste. 400
CITY, ST, ZIP		64. CITY, ST, ZIP	Toronto, Ontario, Canada, M5H 3R4

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 113.07(3)(b), 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]* ROSS W. E. WOOD Assistant Secretary *March 10, 1995* (416) 598-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR