


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **856016**

(1)

1. Corporation Name

**CADILLAC FAIRVIEW CORP.**

Principal Place of Business

Mailing Address

**20 QUEEN STREET WEST  
SUITE 400  
TORONTO, ONTARIO CANADA M5H 3R4  
OC**

**20 QUEEN STREET WEST  
SUITE 400  
TORONTO, ONTARIO CANADA M5H 3R4  
OC**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/04/1983</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>51-0258297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PDCO</b>
STREET ADDRESS	<b>BIBACK, DONALD M</b>
CITY-ST-ZIP	<b>20 QUEEN ST WEST TORONTO, ONTARIO, CANADA M5H 3R4</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SVPC</b>
STREET ADDRESS	<b>MCDONNELL, CHRISTOPHER W</b>
CITY-ST-ZIP	<b>20 QUEEN STREET WEST, STE 400 TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS</b>
STREET ADDRESS	<b>WOOD, ROSS W.E.</b>
CITY-ST-ZIP	<b>20 QUEEN STREET WEST, STE 400 TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVP</b>
STREET ADDRESS	<b>GILLIN, PHILLIP C</b>
CITY-ST-ZIP	<b>20 QUEEN STREET WEST, STE 400 TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AVP</b>
STREET ADDRESS	<b>SHERWOOD, NANCY G</b>
CITY-ST-ZIP	<b>20 QUEEN STREET WEST, STE 400 TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DSVT</b>
STREET ADDRESS	<b>MACDONALD, JOHN W</b>
CITY-ST-ZIP	<b>20 QUEEN STREET WEST, STE 400 TORONTO, ONTARIO, CANADA M5H-3R4</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President, Director PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Duncan, Bruce</b>
1.3 STREET ADDRESS	<b>20 Queen Street West, Suite 500</b>
1.4 CITY-ST-ZIP	<b>Toronto, Ontario Canada M5H 3R4</b>
2.1 TITLE	<b>Executive Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John Hagan</b>
2.3 STREET ADDRESS	<b>20 Queen Street West, Suite 500</b>
2.4 CITY-ST-ZIP	<b>Toronto, Ontario Canada M5H 3R4</b>
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	<b>Executive Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sharpe, L. Peter</b>
4.3 STREET ADDRESS	<b>20 Queen Street West, Suite 500</b>
4.4 CITY-ST-ZIP	<b>Toronto, Ontario, Canada M5H 3R4</b>
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	<b>Senior Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Barbetta, Peter J.</b>
6.3 STREET ADDRESS	<b>20 Queen Street West, Suite 500</b>
6.4 CITY-ST-ZIP	<b>Toronto, Ontario, Canada M5H 3R4</b>

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:

SIGNATURE REQUIRED

CR2E034 (4/97)