

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856016 (1)

1. Corporation Name
CADILLAC FAIRVIEW CORP.



Principal Place of Business 20 QUEEN STREET WEST SUITE 500 TORONTO, ONTARIO CANADA M5H 3R4 OC	Mailing Address 20 QUEEN STREET WEST SUITE 500 TORONTO, ONTARIO CANADA M5H 3R4 OC
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 04/04/1983	4. FEI Number 51-0258297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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		

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
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	PD	<input type="checkbox"/> DELETE
NAME	DUNCAN, BRUCE	
STREET ADDRESS	20 QUEEN ST WEST #500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HAGAN, JOHN	
STREET ADDRESS	20 QUEEN ST WEST #500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WOOD, ROSS W.E.	
STREET ADDRESS	20 QUEEN STREET WEST, STE 400	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5H-3R4	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SHARPE, L PETER	
STREET ADDRESS	20 QUEEN ST WEST #500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	SHERWOOD, NANCY G	
STREET ADDRESS	20 QUEEN STREET WEST, STE 400	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5H-3R4	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BARBETTA, PETER J	
STREET ADDRESS	20 QUEEN ST WEST #500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Alan Carlisle	
1.3 STREET ADDRESS	20 Queen St West #500	
1.4 CITY-ST-ZIP	Toronto, Ontario Canada	
2.1 TITLE	Assistant Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melissa de Quesada	
2.3 STREET ADDRESS	20 Queen St West #500	
2.4 CITY-ST-ZIP	Toronto, Ontario Canada	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<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.

CR2E034 (10/97)