

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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90026 003 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 856016**

1. Corporation Name  
**CADILLAC FAIRVIEW CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 20 QUEEN STREET WEST  
 SUITE 400  
 TORONTO, ONTARIO CANADA M5H -3R4  
 OC

Mailing Address  
 20 QUEEN STREET WEST  
 SUITE 400  
 TORONTO, ONTARIO CANADA M5H -3R4  
 OC

3. Date Incorporated or Qualified

04/04/1983

2. Principal Place of Business  
 21 **Two Concourse Parkway**  
 Suite, Apt. #, etc.  
 22 **Suite 260**  
 City & State  
 23 **Atlanta, Georgia**  
 Zip Country  
 24 **30328** 25 **U.S.A.**

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

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 owes the current year Intangible Personal Property Tax.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNCAN, BRUCE	
STREET ADDRESS	20 QUEEN ST WEST #500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA	
TITLE	EVPD	<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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Duncan, Bruce W.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hagan, Jon N.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	20 Queen Street West, Suite 500
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Senior Vice President
4.3 STREET ADDRESS	Robert Alan Carlisle
4.4 CITY-ST-ZIP	Two Concourse Parkway, Suite 260 Atlanta, GA 30328
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	20 Queen Street West, Suite 500
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Assistant Vice President
6.3 STREET ADDRESS	Mellisa de Quesada
6.4 CITY-ST-ZIP	Two Concourse Parkway, Suite 260 Atlanta, GA 30328

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 REQUIRED**

March 8, 1999 (416) 598-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)