

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90047 044 ***150.00

DOCUMENT # 856016

1. Entity Name
CADILLAC FAIRVIEW CORP.

| | |
|--|--|
| Principal Place of Business TWO CONCOURSE PARKWAY SUITE 260 ATLANTA GA 30328 OC | Mailing Address 20 QUEEN STREET WEST SUITE 400 TORONTO, ONTARIO CANADA M5H OC |
|--|--|

LUU40007



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Two Concourse Parkway Suite, Apt. #, etc. 250 City & State Atlanta, GA |
|---|---|

| | |
|------------------------------------|--|
| 4. FEI Number 51-0258297 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---------------------|-----------------------|
| Zip 30328 | Country USA |
|---------------------|-----------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNCAN, BRUCE W 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP HAGAN, JON N 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WOOD, ROSS W.E. 20 QUEEN STREET WEST, SUITE 500 TORONTO, ONTARIO, CANADA M5H-3-4 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP SHARPE, L PETER 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP SHERWOOD, NANCY G 20 QUEEN STREET WEST, SUITE 500 TORONTO, ONTARIO, CANADA M5H-3-4 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP BARBETTA, PETER J 20 QUEEN ST WEST #500 TORONTO, ONTARIO, CANADA <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Senior Vice-President Robert Alan Carlisle Two Concourse Parkway, Suite 260 Atlanta, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Vice-President Melissa de Quesada Two Concourse Parkway, Suite 260 Atlanta, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President & Assistant Secretary 20 Queen Street West, Suite 500 Toronto, Ontario M5H 3R4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois A. Miles Jan. 19, 2000 (416) 598-8200
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Lois A. Miles Vice-President & Assistant Secretary

CR2E034 (9/99)