


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90098 009 \*\*\*150.00

DOCUMENT # 856016	
1. Entity Name CADILLAC FAIRVIEW CORP.	

Principal Place of Business TWO CONCOURSE PARKWAY SUITE 260 ATLANTA, GA 30328 US	Mailing Address TWO CONCOURSE PARKWAY SUITE 260 ATLANTA, GA 30328 US
---	---

90073010



2. Principal Place of Business - No P.O. Box # 100 Galleria Pkwy SE Ste 1650	3. Mailing Address 100 Galleria Pkwy SE Ste. 1650
--	---

04152008 Chg-P CR2E034 (12/06)

City & State Atlanta GA	City & State Atlanta GA	4. FEI Number 51-0258297	Applied For Not Applicable
Zip 30339	Country USA	Zip 30339	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 \_\_\_\_\_ State **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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPE, PETER L 20 QUEEN ST W SUITE 500 TORONTO, ON. CANADA, m5h 3r4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALAN CARLILE, ROBERT TWO CONCOURSE PARKWAY STE 260 ATLANTA, GA 30328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEPHEN, ANDREA 20 QUEEN STREET WEST, SUITE 500 TORONTO, ONTARIO, CANADA, m5h 3r4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MILES, LOIS A 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 ST WEST #500 TORONTO, ONTARIO, CANADA, m5h 3r4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KENDALL, SARAH L 2 CONCOURSE PKWY SUITE 260 ATLANTA, GA 30328 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Carlisle, Sr VP Date: 04-15-08 Daytime Phone #: 770-661-0232