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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000233 (8)

1. Corporation Name
JMB REALTY CORPORATION

Principal Place of Business

**800 NORTH MICHIGAN AVE.
CHICAGO IL 60611-1575**

Mailing Address

**800 NORTH MICHIGAN AVE.
CHICAGO IL 60611-1542**

3. Date Incorporated or Qualified **11/13/1992** 3a. Date of Last Report **03/15/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number

36-2707213

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE

NAME **BLUHM, NEIL G**
STREET ADDRESS **800 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO IL**

TITLE **TSVP** ☐ DELETE

NAME **KOGEN HOWARD**
STREET ADDRESS **800 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO IL**

TITLE **SAVP** ☒ DELETE

NAME **YATES, KEVIN B**
STREET ADDRESS **800 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO IL 60611-1575**

TITLE **EVPG** ☐ DELETE

NAME **NICKELE GARY**
STREET ADDRESS **800 NORTH MICHIGAN AVENUE**
CITY-ST-ZIP **CHICAGO IL 60611-1575**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary & Senior Vice President** ☐ Change ☒ Addition

1.2 NAME **Paul C. Nielsen**
1.3 STREET ADDRESS **900 N. Michigan Ave.**
1.4 CITY-ST-ZIP **Chicago, IL 60611**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Asst. Sec.**
5.3 STREET ADDRESS **Kim Schwartz**
5.4 CITY-ST-ZIP **900 N. Michigan Ave.**
Chicago, IL 60611

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*****150.00**

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.

CR2E034 (9/96)