

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # F92000000426 (8)

1. Corporation Name

PACIFIC PROPERTIES, INC.



Principal Place of Business

Mailing Address

900 NORTH MICHIGAN AVE.
CHICAGO IL 60611

900 NORTH MICHIGAN AVE.
CHICAGO IL 60611

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3521239

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Filing Change)

Date

12. OFFICERS AND DIRECTORS

TITLE P
NAME MOTTA, JAMES D
STREET ADDRESS 7900 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE SAV
NAME YATES, KEVIN B
STREET ADDRESS 900 NORTH MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

TITLE V
NAME LOVELETTE, STEPHEN A
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE D
NAME NICKELE, GARY
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL 60611

TITLE T
NAME KOGEN, HOWARD
STREET ADDRESS 900 N MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T/V
Lovelette, Stephen A.
900 N. Michigan Ave.
Chicago, IL 60611

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 only in a change of address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B. Yates, Secretary

3/14/96

312-915-1936

CR2E034 (12/95)