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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000462 (3)

1. Corporation Name
APARTMENT FUND HOLDINGS, INC.



Principal Place of Business

180 N LASALLE STREET
SUITE 3400
CHICAGO IL 60601
US

Mailing Address

180 N LASALLE STREET
SUITE 3400
CHICAGO IL 60601-2807
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 c/o Gail Carey

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

07/31/1996

4. FEI Number

36-3537607

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

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 of the person named as registered agent and filed applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CLAEYS, JEROME J III	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	MDS	<input type="checkbox"/> DELETE
NAME	NOELL, JOHN W.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WURTZEBACH, CHARLES H	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	PERLMUTTER, STEPHEN M	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	AVAS	<input type="checkbox"/> DELETE
NAME	CAREY, GAIL	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

Gail Carey

Gail Carey, Assistant V.P.

3/5/97 (312) 541-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)