FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

95 MAR 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000638

1. Corporation Name
SIP Properties G.P., Inc.

200001429692
-03/15/95--01024--006
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
c/o Ann M. Schneider 2 N. Riverside Plaza Chicago, IL 60606	c/o Ann M. Schneider 2 N. Riverside Plaza Chicago, IL 60606

3. Date Incorporated or Qualified: 12/11/92
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-3787975 ☐ 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

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	√Director/VP/Secretary
NAME	Sheli Z.Rosenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	√Director/VP/Treasurer
NAME	Gerald A. Spector
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	√Director/President
NAME	Samuel Zell
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Vice President
NAME	Jerry J. Pezzella, Jr.
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	√Asst. Secretary
NAME	Ann M. Schneider
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Vice President
NAME	William White
STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	Chicago, IL 60606

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	☐ 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ 3/8/95 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #
Ann M. Schneider, Asst. Secretary