

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 29 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 # **F93000800300**
1. Corporation Name
Developers Diversified Realty Corporation

Principal Place of Business Mailing Address
34555 Chagrin Blvd. Moreland Hills, OH 44022

2. Principal Place of Business 2a. Mailing Address
34555 Chagrin Blvd.
22. City & State 27. City & State
Moreland Hills, OH
23. Zip 25. Country 29. Zip 30. Country
44022 USA 44022 USA

3. Date Incorporated or Qualified **01/22/93** 3a. Date of Last Report **03/21/96**
4. FEI Number **34-1723097** 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
**CT Corporation
1200 South Pine Island Rd
Plantation, FL 33324**

10. Name and Address of New Registered Agent
81 Name **CT Corporation**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Rd**
83
84 City **Plantation** FL 85 Zip Code **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> DELETE |
| NAME | Scott A. Wolstein | |
| STREET ADDRESS | 34555 Chagrin Blvd. | |
| CITY-ST-ZIP | Moreland Hills, OH 44022 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | James A. Scholtz | |
| STREET ADDRESS | 34555 Chagrin Blvd. | |
| CITY-ST-ZIP | Moreland Hills, OH 44022 | |
| TITLE | Director | <input type="checkbox"/> DELETE |
| NAME | Albert T. Adams | |
| STREET ADDRESS | 3200 National City | |
| CITY-ST-ZIP | Cleveland, OH 44114 | |
| TITLE | V/P | <input type="checkbox"/> DELETE |
| NAME | William H. Schafer | |
| STREET ADDRESS | 34555 Chagrin Blvd. | |
| CITY-ST-ZIP | Moreland Hills, OH 44022 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | Joan U. Allgood | |
| STREET ADDRESS | 34555 Chagrin Blvd. | |
| CITY-ST-ZIP | Moreland Hills, OH 44022 | |

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-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 200002161352 |
| 6.3 STREET ADDRESS | -05/01/97--01016--012 |
| 6.4 CITY-ST-ZIP | ***165.00 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13, changed, or on an attachment, in an address.

SIGNATURE: **William H. Schafer** **4/22/97** **216-247-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)