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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:30

DOCUMENT # **F93000000469 (7)**

1. Corporation Name
ROBERTWARD PROPERTIES CORPORATION

Principal Place of Business	Mailing Address
ONE MONTGOMERY WARD PLAZA 535 CHICAGO AVENUE CHICAGO IL 60671	ONE MONTGOMERY WARD PLAZA 8-3 535 CHICAGO AVENUE CHICAGO IL 60671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): 8-3
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	ASSISTANT SECRETARY	☐ Change ☐ Addition
NAME	HEINE, SPENCER H	12 NAME	BUTLER, JAMES	
STREET ADDRESS	MONTGOMERY WARD PLAZA	13 STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	CHICAGO, IL	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	MORGAN, G T	22 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE		☐ Change ☐ Addition
NAME	HARMS, CAROL J	32 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	CD	41 TITLE		☐ Change ☐ Addition
NAME	DELK, PHILIP D	42 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	WORKMAN, JOHN L	52 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	VPAT	61 TITLE		☐ Change ☐ Addition
NAME	GATHANY, DOUGLAS V	62 NAME		
STREET ADDRESS	MONTGOMERY WARD PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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: James Butler **James Butler - Asst. Secretary 3/30/95 312 467 4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0477414 FP