

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

FILED

Apr 03 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 # F93000000469 (7)

1. Corporation Name
ROBERTWARD PROPERTIES CORPORATION

Principal Place of Business

ONE MONTGOMERY WARD PLAZA
535 CHICAGO AVENUE
CHICAGO IL 60671

Mailing Address

ONE MONTGOMERY WARD PLAZA
535 CHICAGO AVE., #8-3
CHICAGO IL 60671-0001
US



2. Principal Place of Business

21 32 Loockerman Square
Suite, Apt. #, etc.

22 Suite L-100
City & State

23 Dover, Delaware
Zip Country

24 25

2a. Mailing Address

26 Payroll Tax 8-3
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
04/01/1996

4. FEI Number

NOT APPLICABLE

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEINE, SPENCER H	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MORGAN, G T	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HARMS, CAROL J	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DELK, PHILIP D	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WORKMAN, JOHN L	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	GATHANY, DOUGLAS V	
STREET ADDRESS	MONTGOMERY WARD PLAZA	
CITY - ST - 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 - 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	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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: *James Butler*

James Butler, Asst. Secretary 03/18/97(312) 467 4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)