≥2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2005 8:00 am Secretary of State DOCUMENT # F93000001030 05-03-2005 90140 020 ***150.00 TRIZEC REALTY, INC. Principal Place of Business Mailing Address 233 S. WACKER DRIVE 233 S. WACKER DRIVE 50046948 **SUITE 1800 SUITE 1800** CHICAGO, IL 60606-6375 US CHICAGO, IL 60606-6375 US 2. Principal Place of Business 3. Mailing Address c/o Tax Dept., 10 S. Riverside Plaza c/o Tax Dept.: 10 S. Riverside Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) Cha-P **Suite 1100** Suite 1100 Applied For City & State City & State 4. FEI Number Chicago, IL Chicago, IL 95-1897947 Not Applicable Country Country \$8.75 Additional 60606 USA 5. Certificate of Status Desired 60606 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President/Director Addition TITLE ☑ Delete TITLE **★** Change William R.C. Tresham NAME WOLD, CASEY R MAME STREET ADDRESS 10 S. Riverside Plaza, #1100 233 S WACKER DR #1800 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHICAGO, IL 606066375 Chicago, IL 60606 Vice President/Director ☐ Delete ☐ Change ★ Addition TITLE TITLE TRESHAM, WILLIAM R.C. Michael C. Colleran NAME NAME STREET ADDRESS 233 S WACKER DR #1800 STREET ADDRESS 10 S. Riverside Plaza, #1100 CITY-ST-ZIP CHICAGO, IL 606066375 CITY-ST-ZIP Chicago, IL 60606 Vice President/Secretary/Director **X** Delete TITLE ☐ Addition TITLE ECHT, JEFFREY D NAME Ted R. Jadwin STREET ADDRESS 233 S WACKER DR #1800 STREET ADDRESS 10 S. Riverside Plaza, #1100 CITY-ST-ZIP CITY-ST-7IP CHICAGO, IL 606066375 Chicago IL 60606 Vice President Delete TITLE ☐ Channe **⊠** Addition TITLE Vincent M. Cozzi JADWIN, TED R NAME NAME STREET ADDRESS 10 S. Riverside Plaza, #1100 STREET ADDRESS 233 S WACKER DR #1800 CITY-ST-ZIP CHICAGO, IL 606066375 CITY-ST-ZIP Chicago, IL 60606 Vice President Delete TITLE Change ■ Addition TITLE Robert M. Jambois NAME JAMBOIS, ROBERT M NAME 10 S. Riverside Plaza, #1100 STREET ADDRESS 233 S WACKER DR #1800 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 606066375 CITY-ST-ZIP Chicago, IL 60606 Vice President ☐ Change TITLE VP X Delete TITLE **⊠** Addition Roger L. Baker NAME GODOY, WENDY M NAME 233 S WACKER DR #1800 STREET ADDRESS STREET ADDRESS 10 S. Riverside Plaza, #1100 CITY-ST-ZIP CHICAGO, IL 606066375 CITY-ST-ZIP Chicago, IL 60606 12. I 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 report or supplemental 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 10 or Block 11 if

Robert M. Jambois, Vice President

FILED

(312) 798-6000