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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001053 (8)

1. Corporation Name

MANUFACTURED HOME COMMUNITIES, INC.



Principal Place of Business

Mailing Address

2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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)

(If 11b Registered Agent Signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	HELFAND, DAVID	TWO NORTH RIVERSIDE PLAZA	CHICAGO IL	☐
VD	KELLEHER, ELLEN	TWO NORTH RIVERSIDE PLAZA	CHICAGO IL	☐
SD	OBUCHOWSKI, SUSAN	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606	☐
VT	HENECHAN, THOMAS P.	TWO NORTH RIVERSIDE PLAZA	CHICAGO IL	☐
CD	ZELL, SAMUEL	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606	☐
P	MCCABE, BARRY	TWO NORTH RIVERSIDE PLAZA	CHICAGO IL	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				☐	☐
V				☒	☐
S				☒	☐
				☐	☐
				☐	☐
V	Gary Powell	8101 East Prentice Avenue - #702	Englewood, CO 80111	☐	☒

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Heneghan

4/4/96

(312) 474-1122

Daytime Phone #

CR2E034 (12/95)