

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002223 (6)

1. Corporation Name

TRIZEC (USA) HOLDINGS, INC.

Principal Place of Business

Mailing Address

C/O TAX DEPT.
4350 L.J. VILLAGE DRIVE, STE 700
SAN DIEGO CA 92122

C/O TAX DEPT.
4350 L.J. VILLAGE DRIVE, STE 700
SAN DIEGO CA 92122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 4350 L.J. Village Dr.

2a. Mailing Address

25 4350 L.J. Village Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 400

27 Ste. 400

City & State

23 San Diego, Ca

City & State

28 San Diego, Ca

Zip

24 92122-1233

Zip

29 92122-1233

Country

30

4. FEI Number

33-0387846

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

10. Name and Address of New 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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GILCHRIST, JOHN M JR.
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

TITLE ASD
NAME STEPHENSON, TOM
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

TITLE VT
NAME MACLEAN, AUBREY
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

TITLE S
NAME STONE, ARNOLD J
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

TITLE V
NAME FORREST, ROBERT B
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

TITLE D
NAME BENSON, KEVIN E
STREET ADDRESS C/O 4350 LA JOLLA VILLAGE DRIVE, STE. 700
CITY - ST - ZIP SAN DIEGO CA 92122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Willard J. L'Heureux
1.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
1.4 CITY - ST - ZIP San Diego, Ca 92122

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Craig Geier
2.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
2.4 CITY - ST - ZIP San Diego, Ca 92122

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME Robert B. Forrest
3.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
3.4 CITY - ST - ZIP San Diego, Ca 92122

4.1 TITLE VT ☒ Change ☐ Addition
4.2 NAME Wendy M. Godoy
4.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
4.4 CITY - ST - ZIP San Diego, Ca 92122

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME Arnold J. Stone
5.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
5.4 CITY - ST - ZIP San Diego, Ca 92122

6.1 TITLE V ☒ Change ☐ Addition
6.2 NAME Mark P. Riley
6.3 STREET ADDRESS 4350 L.J. Village Dr. - C/o Tax
6.4 CITY - ST - ZIP San Diego, Ca 92122

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 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 appointed to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Mark P. Riley, Assistant Secretary

4/27/95

(619) 546-3579