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FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004570 (8)

1. Corporation Name
URBAN RETAIL PROPERTIES CO.

Principal Place of Business

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575

Mailing Address

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

4. FEI Number

36-3886881

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DVS
HILBORN, MICHAEL G
STREET ADDRESS
900 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL 60611

TITLE ☐ DELETE

NAME
DP
CZECH, JAMES L
STREET ADDRESS
900 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL 60611

TITLE ☐ DELETE

NAME
AS
NIELSEN, PAUL C
STREET ADDRESS
900 N MICHIGAN AVE
CITY - ST - ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
DV
BERGSTROM, KELLY A
STREET ADDRESS
900 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL 60611

TITLE ☐ DELETE

NAME
D
STUART, NATHAN C
STREET ADDRESS
900 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL 60611

TITLE ☐ DELETE

NAME
VT
ADAM, METZ
STREET ADDRESS
900 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL 60611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Form #

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CR2E034 (10/97)