FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:41

DOCUMENT # **F93000004582 (3)**

1. Corporation Name
URBAN SHOPPING CENTERS, INC.

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. CHICAGO IL 60611-1575	900 N. MICHIGAN AVE. CHICAGO IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/08/1993	05/31/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	36-3883885	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	☐ Change ☒ Addition
NAME	DOMINSKI, MATTHEW S	12 NAME	AS Kevin B. Yates
STREET ADDRESS	900 N. MICHIGAN AVE.	13 STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	CHICAGO IL 60611-1575	14 CITY-ST-ZIP	Chicago, IL 60611
TITLE	EVP	21 TITLE	☐ Change ☐ Addition
NAME	BRAVER, DANIEL J	22 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	24 CITY-ST-ZIP	
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	CZECH, JAMES L	32 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	34 CITY-ST-ZIP	
TITLE	SVP	41 TITLE	☐ Change ☐ Addition
NAME	HILBORN, MICHAEL G	42 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	44 CITY-ST-ZIP	
TITLE	TVCF	51 TITLE	☐ Change ☐ Addition
NAME	METZ, ADAM S	52 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	54 CITY-ST-ZIP	
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	ZASLASKY, DENNIS M	62 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	64 CITY-ST-ZIP	

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)(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: Kevin B. Yates 3/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kevin B. Yates, Assistant Secretary