FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/08/1993**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21 •
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: ~~86-3883885~~ 36-3886885 ☐ 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/is/ability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	11 TITLE	P/CEO/D	XX Change ☐ Addition
NAME	DOMINSKI, MATTHEW S		12 NAME	Dominski, Matthew S.	
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	XX DELETE	21 TITLE	AS	☐ Change XX Addition
NAME	BRAVER, DANIEL J		22 NAME	Yates, Kevin B.	
STREET ADDRESS	900 N. MICHIGAN AVE.		23 STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	CHICAGO IL 60611-1575		24 CITY ST ZIP	Chicago, IL 60611	
TITLE	EVP	☐ DELETE	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	☐ DELETE	41 TITLE	SVP/S	XX Change ☐ Addition
NAME	HILBORN, MICHAEL G		42 NAME	Hilborn, Michael G.	
STREET ADDRESS	900 N. MICHIGAN AVE.		43 STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	CHICAGO IL 60611-1575		44 CITY ST ZIP	Chicago, IL 60611	
TITLE	TVCF	☐ DELETE	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	☐ DELETE	61 TITLE	SVP/AS	XX Change ☐ Addition
NAME	ZASLASKY, DENNIS M		62 NAME	Zaslavsky, Dennis	
STREET ADDRESS	900 N. MICHIGAN AVE.		63 STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	CHICAGO IL 60611-1575		64 CITY ST ZIP	Chicago, IL 60611	

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 alteration.

SIGNATURE: _____ 3/14/96 312-915-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN B. YATES

CR2E034 (12/95)