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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1575

Mailing Address

900 N. MICHIGAN AVE.
CHICAGO IL 60611-1542



3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

36-3883885

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

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

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 PCD ☐ DELETE

NAME DOMINSKI, MATTHEW S
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL

TITLE AS ☒ DELETE

NAME YATES KEVIN B
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL

TITLE EVP ☐ DELETE

NAME CZECH, JAMES L
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL 60611-1575

TITLE SVPS ☐ DELETE

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

TITLE TVCF ☐ DELETE

NAME METZ, ADAM S
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL 60611-1575

TITLE SVPA ☐ DELETE

NAME ZASLASKY, DENNIS M
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition

1.2 NAME Paul C. Nielsen
1.3 STREET ADDRESS 900 N. Michigan Ave.
1.4 CITY - ST - ZIP Chicago, IL 60611

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)