

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004895 (9)**

1. Corporation Name

ZML-WESTSHORE CENTER, INC.



Principal Place of Business

Mailing Address

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606

3. Date Incorporated or Qualified
10/29/1993

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

36-3914746

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

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 of 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 as proper

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DONALD	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SHELI Z	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Callahan, Tim
23 STREET ADDRESS	2 N. Riverside Plaza
24 CITY-ST-ZIP	Chicago, IL 60606
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Rosenberg, Sheli Z.
33 STREET ADDRESS	2 N. Riverside Plaza
34 CITY-ST-ZIP	Chicago, IL 60606
41 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Greenberg, Arthur A.
43 STREET ADDRESS	2 N. Riverside Plaza
44 CITY-ST-ZIP	Chicago, IL 60606
51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Schneider, Ann M.
53 STREET ADDRESS	2 N. Riverside Plaza
54 CITY-ST-ZIP	Chicago, IL 60606
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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

Ann M. Schneider, Secretary

2/5/96

312-466-3607

Date

Telephone Prefix

CR2E034 (12/95)