

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004895 (9)**

1. Corporation Name  
**ZML-WESTSHORE CENTER, INC.**



Principal Place of Business <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>	Mailing Address <b>C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606-2800</b>
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2. Principal Place of business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/29/1993</b>	3a. Date of Last Report <b>03/04/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-3914746</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELL, SAMUEL</b>	1.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHILLIPS, DONALD</b>	2.2 NAME	<b>Callahan, Timothy H.</b>
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	2.3 STREET ADDRESS	<b>2 N. Riverside Plaza</b>
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	2.4 CITY-ST-ZIP	<b>Chicago, IL 60606</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERG, SHEL Z</b>	3.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, ARTHUR A</b>	4.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, ANN M</b>	5.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBENTRITT, DONALD J</b>	6.2 NAME	
STREET ADDRESS	<b>2 N. RIVERSIDE PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	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 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

4/4/97 312-466-3607

Date

Daytime Phone #

0482397

CR2E034 (9/96)