

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

**FILED**  
**Apr 15 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 # F93000004895 (9)**  
 1. Corporation Name  
**ZML-WESTSHORE CENTER, INC.**



Principal Place of Business: **C/O ANN M. SCHNEIDER, 2 N. RIVERSIDE PLAZA, CHICAGO IL 60606**

Mailing Address: **C/O ANN M. SCHNEIDER, 2 N. RIVERSIDE PLAZA, CHICAGO IL 60606-2800**

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	22	23	24	25	26	27	28
4. FEI Number <b>36-3914746</b>		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

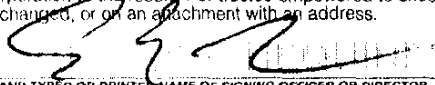
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZELL, SAMUEL 2 N. RIVERSIDE PLAZA CHICAGO IL 60608	1.1 TITLE	
NAME	VD PHILLIPS, DONALD 2 N. RIVERSIDE PLAZA CHICAGO IL 60608	1.2 NAME	
STREET ADDRESS	VD ROSENBERG, SHEL I Z 2 N. RIVERSIDE PLAZA CHICAGO IL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VT GREENBERG, ARTHUR A 2 N. RIVERSIDE PLAZA CHICAGO IL	1.4 CITY-ST-ZIP	
	S SCHNEIDER, ANN M 2 N. RIVERSIDE PLAZA CHICAGO IL	2.1 TITLE	V/D Callahan, Timothy H. 2 N. Riverside Plaza Chicago, IL 60606
	VP LIEBENTRITT, DONALD J 2 N. RIVERSIDE PLAZA CHICAGO IL 60608	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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 on an attachment with an address.

**SIGNATURE:**  **Ann M. Schneider**  
 Secretary **4/4/97** **312-466-3607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)