FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 12 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 # **F94000000959 (6)**

1. Corporation Name
ENDOWMENT AND FOUNDATION REALTY, LTD. – JMB-IV, INC.

Principal Place of Business	Mailing Address
180 N LASALLE ST. CHICAGO IL 60601 US	180 N LASALLE ST. CHICAGO IL 60601-2501 US

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26): c/o Gail Carey
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 36-3576094 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLAEYS, JEROME J III		1.2 NAME		
STREET ADDRESS	180 N LASALLE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		1.4 CITY-ST-ZIP		
TITLE	DCEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WURTZEBACH, CHARLES H		2.2 NAME		
STREET ADDRESS	180 N LASALLE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		2.4 CITY-ST-ZIP		
TITLE	MDS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOELL, JOHN W		3.2 NAME		
STREET ADDRESS	180 N LASALLE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		3.4 CITY-ST-ZIP		
TITLE	AVS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAREY, GAIL		4.2 NAME		
STREET ADDRESS	180 N LASALLE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERLMUTTER, STEPHEN M		5.2 NAME		
STREET ADDRESS	180 N LASALLE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		5.4 CITY-ST-ZIP		
TITLE	DVAS	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PERLMUTTER, NORMAN		6.2 NAME		
STREET ADDRESS	180 N LASALLE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Gail Carey **Gail Carey, Assistant V.P.** **3/6/97** **(312) 541-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #