SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002076 (7)**

1. Corporation Name
EAGLE RIDGE MALL, INC.

Principal Place of Business
215 KEO
DES MOINES IA 50309

Mailing Address
215 KEO
DES MOINES IA 50309

3. Date Incorporated or Qualified: **04/21/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 55 W. Monroe
Suite, Apt. #, etc
22 Suite 3100
City & State
23 Chicago, IL
Zip 24 60603 Country 25 U.S.A.

2a. Mailing Address
26 55 W. Monroe
Suite, Apt. #, etc
27 Suite 3100
City & State
28 Chicago, IL
Zip 29 60603 Country 30 U.S.A

4. FEI Number: **42-1420675** [ ] 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 [X] No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers 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 resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	[X] DELETE	1.1 TITLE	President/Director	[ ] Change [X] Addition
NAME	BUCKSBAUM, MARTIN		1.2 NAME	Robert Michaels	
STREET ADDRESS	215 KEO		1.3 STREET ADDRESS	55 W. Monroe, Suite 3100	
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	VCP	[ ] DELETE	2.1 TITLE		[X] Change [ ] Addition
NAME	BUCKSBAUM, MATTHEW		2.2 NAME		
STREET ADDRESS	215 KEO		2.3 STREET ADDRESS	55 W. Monroe, Suite 3100	
CITY-ST-ZIP	DES MOINES IA		2.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	ASV	[ ] DELETE	3.1 TITLE		[X] Change [ ] Addition
NAME	RICHARDS, STANLEY		3.2 NAME		
STREET ADDRESS	215 KEO		3.3 STREET ADDRESS	55 W. Monroe, Suite 3100	
CITY-ST-ZIP	DES MOINES IA		3.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	VS	[ ] DELETE	4.1 TITLE		[X] Change [ ] Addition
NAME	FREIBAUM, BERNARD		4.2 NAME		
STREET ADDRESS	120 N LASALLE ST SUITE 3300		4.3 STREET ADDRESS	55 W. Monroe, Suite 3100	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Bernard Freibaum 6/11/96 (312) 551-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #