

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

FILED

Jan 16 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 # F95000001647 (5)

1. Corporation Name

EXCEL REALTY TRUST, INC.



Principal Place of Business

16955 VIA DEL CAMPO, SUITE 110  
SAN DIEGO CA 92127

Mailing Address

16955 VIA DEL CAMPO, SUITE 110  
SAN DIEGO CA 92127-1719

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

09/05/1996

4. FEI Number

33-0160389

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

THE PRENTICE-HALL CORPORATION SYSTEMS, INC  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SABIN, GARY B	
STREET ADDRESS	16955 VIA DEL CAMPO, SUITE 110	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MUIR, RICHARD B	
STREET ADDRESS	16955 VIA DEL CAMPO, SUITE 110	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUND, DAVID A	
STREET ADDRESS	16955 VIA DEL CAMPO, SUITE 110	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDQUIST, BOYD A	
STREET ADDRESS	23133 HAWTHORNE BLVD	
CITY-ST-ZIP	TORRANCE CA 90505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSTON, D C	
STREET ADDRESS	5152 DON RICARDO DR.	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARSONS, ROBERT E JR	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	WASHINGTON DC 20058	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (619) 485-9400  
Date Daytime Phone #

CR2E034 (9/96)