

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90010 045 ***150.00

0129206

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000005741

1. Corporation Name

CAPITAL ASSOCIATES PROPERTIES, INC.



Principal Place of Business
 1201 N. CLARK, SUITE 300
 CHICAGO IL 60610

Mailing Address
 1201 N. CLARK, SUITE 300
 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

36-3930545

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 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 C DELETE
 NAME MCKAY, TERRY A
 STREET ADDRESS 1201 N. CLARK, SUITE 300
 CITY-ST-ZIP CHICAGO IL 60610

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE P DELETE
 NAME ROSENBERG, THOMAS B
 STREET ADDRESS 1201 N. CLARK, SUITE 300
 CITY-ST-ZIP CHICAGO IL 60610

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE V DELETE
 NAME KUPFERBERG, SCOTT M
 STREET ADDRESS 1201 N. CLARK, SUITE 300
 CITY-ST-ZIP CHICAGO IL 60610

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V DELETE
 NAME FOX, PETER B
 STREET ADDRESS 1201 N. CLARK, SUITE 300
 CITY-ST-ZIP CHICAGO IL 60610

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ST DELETE
 NAME METZGER, JOHN P
 STREET ADDRESS 1201 N. CLARK, SUITE 300
 CITY-ST-ZIP CHICAGO IL 60610

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 REQUIRED

Scott Kupferberg 7/15/99 (312) 335-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

1201 North Clark Street
Suite 300
Chicago, IL 60610-2270
Fax 312-335-1717
312-335-2600
3

July 21, 1999

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Capital Associates

FG5000005741
599233-90010-45

**RE: Capital Associates Properties, Inc.
Document No. F95000005741**

Gentlemen:

Enclosed is a copy of the 1999 Profit Corporation Annual Report and check dated 2/18/99 in the amount of \$150.00. This check has not cleared the bank and is presumed lost.

At this time, I am resubmitting the Annual Report along with a new check payable in the amount of \$150.00.

Please contact me at (312) 335-2617 if you have any questions.

Very truly yours,

Kathy Gibbons

Kathy Gibbons
Corporate Accounting Manager

KG/tl

Enclosure