

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

FILED  
Apr 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 # F96000001741 (5)

1. Corporation Name  
PHILLIPS EDISON & COMPANY

Principal Place of Business  
4440 LAKE FOREST DR., #110  
CINCINNATI OH 45242

Mailing Address  
4440 LAKE FOREST DR., #110  
CINCINNATI OH 45242-3758



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1996		3a. Date of Last Report	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 31-1320337		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City			
85. Zip Code				FL			

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	PSDC	<input type="checkbox"/> DELETE	11. TITLE	11. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EDISON, JEFFREY S		12. NAME	12. NAME			
STREET ADDRESS	7 N. CALVERT ST., #910		13. STREET ADDRESS	1000 Lancaster St., Suite 420			
CITY-ST-ZIP	BALTIMORE MD 21202		14. CITY-ST-ZIP	Baltimore MD 21202			
TITLE	V	<input type="checkbox"/> DELETE	21. TITLE	21. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARTER, WILLIAM H JR		22. NAME	22. NAME			
STREET ADDRESS	4440 LAKE FOREST DR., #110		23. STREET ADDRESS	1000 Lancaster St., Suite 420			
CITY-ST-ZIP	CINCINNATI OH 45242		24. CITY-ST-ZIP	Baltimore MD 21202			
TITLE	TCOO	<input type="checkbox"/> DELETE	31. TITLE	31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PHILLIPS, MICHAEL C		32. NAME	32. NAME			
STREET ADDRESS	4440 LAKE FOREST DR., #110		33. STREET ADDRESS	33. STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45242		34. CITY-ST-ZIP	34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	41. TITLE	41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			42. NAME	42. NAME			
STREET ADDRESS			43. STREET ADDRESS	43. STREET ADDRESS			
CITY-ST-ZIP			44. CITY-ST-ZIP	44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	51. TITLE	51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			52. NAME	52. NAME			
STREET ADDRESS			53. STREET ADDRESS	53. STREET ADDRESS			
CITY-ST-ZIP			54. CITY-ST-ZIP	54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	61. TITLE	61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62. NAME	62. NAME			
STREET ADDRESS			63. STREET ADDRESS	63. STREET ADDRESS			
CITY-ST-ZIP			64. CITY-ST-ZIP	64. 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:

*Michael C. Phillips*  
SIGNATURE AND LAST OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Phillips

4-11-97

Date

513-554-1110

Daytime Phone #

0478478

CR2E034 (9/96)