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Mar 13 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 # F96000004748 (7)

1. Corporation Name:
CB SANLANDO CENTER, INC.



Principal Place of Business: **650 CALIFORNIA ST., #1800 SAN FRANCISCO CA 94108**
 Mailing Address: **650 CALIFORNIA ST., #1800 SAN FRANCISCO CA 94108-2722**

3. Date Incorporated or Qualified: **09/16/1996** 3a. Date of Last Report
 4. FEI Number: **94-3251106** 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

2. Principal Place of Business:
 21. **101 California Street**
 Suite, Apt. #, etc.:
 22. **26th Floor**
 City & State:
 23. **San Francisco, California**
 Zip: **94111-5853** Country: **U.S.A.**
 2a. Mailing Address:
 26. **101 California Street**
 Suite, Apt. #, etc.:
 27. **26th Floor**
 City & State:
 28. **San Francisco, California**
 Zip: **94111-5853** Country: **U.S.A.**

9. Name and Address of Current Registered Agent:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent:
 81. Name: **Not Applicable**
 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: **Not Applicable** DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEPPE, STEPHEN M	
STREET ADDRESS	650 CALIFORNIA ST., #1800	
CITY-STATE-ZIP	SAN FRANCISCO CA 9410-8	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOK, ROBERT J	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KING, JAMES D	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'MEARA, NORTON F	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANOR, ROBERT H	
STREET ADDRESS	55 E. 52ND ST., 31ST FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10055	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 California Street, 26th Floor
1.4 CITY-STATE-ZIP	San Francisco, CA 94111-5853
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAS
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert H. Hamor
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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: *Paula M. Turkell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 1997 (312)266-9300
 Date Daytime Phone #

CR2E034 (9/96)

**ATTACHMENT TO
CORPORATION ANNUAL REPORT FOR
CB SANLANDO CENTER, INC.**

Officers (continued):

Vice President	Warren H. Otto	101 California Street, 26th Floor San Francisco, California 94111-5853
Vice President	Joseph R. Senko	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611
Vice President	Gary L. Thompson	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611
Treasurer Secretary	Paula M. Ferkull	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611