

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

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90093 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F96000004748

1. Corporation Name
CB SANLANDO CENTER, INC.

Principal Place of Business 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-853 US	Mailing Address 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-853 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/16/1996	4. FEI Number 94-3251106	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M	1.2 NAME	
STREET ADDRESS	101 CALIFORNIA ST, 26TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, GERALD E	2.2 NAME	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT J	3.2 NAME	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES D	4.2 NAME	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEARA, NORTON F	5.2 NAME	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1901	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, WARREN H	6.2 NAME	
STREET ADDRESS	101 CALIFORNIA ST, 26TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	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, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* RE Paula M. Ferkull, Secretary
 DATE: 1/6/99 DAYTIME PHONE: (312) 266-9300

CR2E034 (11/98)