

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # F97000006095</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                |                                                                                                                  |  |  |
| 1. Entity Name<br>IPERS CORAL LANDINGS SHOPPING CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br>101 CALIFORNIA ST., 26TH FL.<br>SAN FRANCISCO, CA 94111-5853                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                                                | Mailing Address<br>875 N MICHIGAN AVE<br>41 FLOOR<br>CHICAGO, IL 60611                                           |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                | 3. Mailing Address                                                                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                | Suite, Apt. #, etc.                                                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                | City & State                                                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | Country                                        |                                                                                                                  | 4. FEI Number<br>94-3286668                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                |                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                                |                                                                                                                  | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                                | 7. Name and Address of New Registered Agent                                                                      |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                | Name                                                                                                             |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                | Street Address (P.O. Box Number is Not Acceptable)                                                               |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                | City                                                                                                             |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                | FL Zip Code                                                                                                      |                                                                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>KING, DONALD A JR.<br>875 N. MICHIGAN AVE., 41ST FL.<br>CHICAGO, IL 606111901 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>SEE ATTACHMENT FOR COMPLETE LIST |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>COOK, ROBERT J<br>875 N. MICHIGAN AVE., 41ST FL.<br>CHICAGO, IL 606111901 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>BONEHAM, PAMELA S<br>875 N. MICHIGAN AVE., 41ST FL.<br>CHICAGO, IL 606111901 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>CASSELLINI, MARLENA M<br>101 CALIFORNIA ST 26 FLOOR<br>SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>FERKULL, PAULA M<br>875 N. MICHIGAN AVE., 41ST PL.<br>CHICAGO, IL 606111901 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>STEPPE, STEPHEN M<br>101 CALIFORNIA ST., 26TH FL.<br>SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |                                                                                   |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| SIGNATURE: <u>Susan E. McClintock</u> Susan E. McClintock, Asst Secretary 3/12/04 312-266-9300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |
| Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                |                                                                                                                  |                                                                                   |  |

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**ATTACHMENT TO  
IPERS CORAL LANDINGS SHOPPING CENTER, INC.**

**Director & Officers**

|                         |                       |                                                                                       |
|-------------------------|-----------------------|---------------------------------------------------------------------------------------|
| Donald A. King, Jr.     | Director<br>President | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| Andrea P. Backman       | Vice President        | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| David T. Breuner        | Vice President        | 101 California Street, 26 <sup>th</sup> Floor<br>San Francisco, California 94111-5853 |
| Stephen T. Burger       | Vice President        | 280 Park Avenue, 40th Floor<br>New York, New York 10017-1270                          |
| Robert J. Cook          | Vice President        | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| Peter F. Feinberg       | Vice President        | 280 Park Avenue, 40th Floor<br>New York, NY 10017-1270                                |
| Christopher L. Hughes   | Vice President        | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| Gary T. Kachadurian     | Vice President        | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| Charles B. Leitner, III | Vice President        | 280 Park Avenue, 40th Floor<br>New York, NY 10017-1270                                |
| Stephen M. Steppe       | Vice President        | 101 California Street, 26 <sup>th</sup> Floor<br>San Francisco, California 94111-5853 |
| Marlena M. Casellini    | Treasurer             | 101 California Street, 26 <sup>th</sup> Floor<br>San Francisco, California 94111-5853 |
| Paula M. Ferkull        | Secretary             | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |
| Susan E. McClintock     | Assistant Secretary   | 875 North Michigan Avenue, 41 <sup>st</sup> Floor<br>Chicago, Illinois 60611-1901     |