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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F98000001489

1. Corporation Name
CORPORATE PROPERTY INVESTORS, INC.

Principal Place of Business	Mailing Address
THREE DOG HAMMARSKJOLD PLAZA 305 EAST 47TH STREET NEW YORK NY 10017	THREE DOG HAMMARSKJOLD PLAZA 305 EAST 47TH STREET NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/16/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 04-6268599	☐ Applied For ☐ Not Applicable
21	26		
22 Suite, Apt. #, etc.: 115 W. WASHINGTON, SUITE 1450 E	27 Suite, Apt. #, etc.: P.O. Box 7066-Tax Dept.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: INDIANAPOLIS, INDIANA	28 City & State: INDIANAPOLIS INDIANA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 46204 25 Country: USA	29 Zip: 46207 30 Country: USA	8. This corporation owes the current year Intangible Personal Property Tax.	☐ 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 _____ 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	C	☑ DELETE	1.1 TITLE	C	☐ Change ☑ Addition
NAME	MAUTNER, HANS C		1.2 NAME	MELVIN SIMON	
STREET ADDRESS	305 EAST 47TH STREET		1.3 STREET ADDRESS	115 W. WASHINGTON ST., SUITE 1450-E	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	INDIANAPOLIS, INDIANA 46204	
TITLE	P	☑ DELETE	2.1 TITLE	C	☐ Change ☑ Addition
NAME	TICOTIN, MARK S		2.2 NAME	HERBERT SIMON	
STREET ADDRESS	305 EAST 47TH STREET		2.3 STREET ADDRESS	115 W. Washington St, Suite 1450-E	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	INDIANAPOLIS INDIANA 46204	
TITLE	V	☑ DELETE	3.1 TITLE	Chief Executive Officer	☐ Change ☑ Addition
NAME	FELL, G M		3.2 NAME	DAVID SIMON	
STREET ADDRESS	305 EAST 47TH STREET		3.3 STREET ADDRESS	115 W. Washington St., Suite 1450-E	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	Indianapolis, Indiana 46204	
TITLE	VT	☑ DELETE	4.1 TITLE	P	☐ Change ☑ Addition
NAME	JOHNSON, MICHAEL L		4.2 NAME	RICHARD S. SOKOLOV	
STREET ADDRESS	305 EAST 47TH STREET		4.3 STREET ADDRESS	115 W. Washington St., Suite 1450-E	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Indianapolis, Indiana 46204	
TITLE	V	☑ DELETE	5.1 TITLE	S	☐ Change ☑ Addition
NAME	BINTZER, WILLIAM		5.2 NAME	JAMES M. BARKLEY	
STREET ADDRESS	305 EAST 47TH STREET		5.3 STREET ADDRESS	115 W. Washington St., Suite 1450-E	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Indianapolis Indiana 46204	
TITLE	V	☑ DELETE	6.1 TITLE	T	☐ Change ☑ Addition
NAME	MALONEY, J M		6.2 NAME	STEPHEN E. SIERRETT	
STREET ADDRESS	305 EAST 47TH STREET		6.3 STREET ADDRESS	115 W. Washington St., Suite 1450-E	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	Indianapolis, Indiana 46204	

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: [illegible] REQUIRED 1-8-99 317-636-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERBERT SIMON

CR2E034 (11/98)