FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 13 AM 8:30

TALLAHASSEE, FLORIDA

DOCUMENT # **P08044** **(0)**

1. Corporation Name
DE ANZA ASSETS, INC.

700001429757
-03/15/95--01024--023
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9171 WILSHIRE BLVD. SUITE 600 BEVERLY HILLS CA 90210-5520	9171 WILSHIRE BLVD. SUITE 600 BEVERLY HILLS CA 90210-5520

3. Date Incorporated or Qualified: 11/08/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 c/o Ann M. Schneider
22 Suite, Apt. #, etc.: 2 N. Riverside Plaza
23 City & State: Chicago, Illinois
24 Zip: 60606
25 Country:

2a. Mailing Address
26 c/o Ann M. Schneider
27 Suite, Apt. #, etc.: 2 N. Riverside Plaza
28 City & State: Chicago, Illinois
29 Zip: 60606
30 Country:

4. FEI Number: 95-3991553 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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~~	1.1 TITLE	Director/President	☐ Change ☒ Addition
NAME	~~MCCABE, BARRY~~	1.2 NAME	David Helfand	
STREET ADDRESS	~~9171 WILSHIRE BLVD #600~~	1.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	1.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	~~V~~	2.1 TITLE	Director/Sr. VP/Asst. Secy.	☐ Change ☒ Addition
NAME	~~CUSTER, ROBERT~~	2.2 NAME	Ellen Kelleher	
STREET ADDRESS	~~9174 WILSHIRE BLVD #600~~	2.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	2.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	~~V~~	3.1 TITLE	Director/COO/Pres-S. Div.	☐ Change ☒ Addition
NAME	~~CARPENTER, KEN~~	3.2 NAME	Barry McCabe	
STREET ADDRESS	~~9171 WILSHIRE BLVD #600~~	3.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	3.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	~~S~~	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	~~SILVERMAN, MICHAEL~~ G.	4.2 NAME	Gerald A. Spector	
STREET ADDRESS	~~9171 WILSHIRE BLVD #600~~	4.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	4.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	~~D~~	5.1 TITLE	Director/Chairman/CEO	☐ Change ☒ Addition
NAME	~~GELAND, HERBERT M.~~	5.2 NAME	Samuel Zell	
STREET ADDRESS	~~9171 WILSHIRE BLVD #600~~	5.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	5.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	~~VP~~	6.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	~~GELAND, MICHAEL D.~~	6.2 NAME	Ann M. Schneider	
STREET ADDRESS	~~9171 WILSHIRE BLVD #600~~	6.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	6.4 CITY-ST-ZIP	Chicago, Illinois 60606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ 3/8/95 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Ann M. Schneider, Asst. Secretary

3-13-95

040200 FP