

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P16955** (7)
1. Corporation Name
CENTERMARK PROPERTIES, INC.



Principal Place of Business: **SOUTH COUNTY CENTER, TAX DEPT
85 SOUTH CENTERWAY
ST. LOUIS MO 63129
US**

Mailing Address: **SOUTH COUNTY CENTER, TAX DEPT
85 SOUTH CENTERWAY
ST. LOUIS MO 63129
US**

3. Date Incorporated or Qualified: **11/25/1987** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **43-0758627** 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

21. Principal Place of Business: **11601 Wilshire Blvd.** 2a. Mailing Address: **11601 Wilshire Blvd.**

22. Suite, Apt. #, etc.: **12th Floor** 27. Suite, Apt. #, etc.: **12th Floor**

23. City & State: **Los Angeles, CA** 28. City & State: **Los Angeles**

24. Zip: **90025** 25. Country: **USA** 29. Zip: **90025** 30. Country: **USA**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input type="checkbox"/> DELETE	NAME: LOWY, PETER S	1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD., 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	1.2 NAME: _____	
		1.3 STREET ADDRESS: _____	
		1.4 CITY-ST-ZIP: _____	
TITLE: S <input type="checkbox"/> DELETE	NAME: BERMINGHAM, ROBERT	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD, 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	2.2 NAME: _____	
		2.3 STREET ADDRESS: _____	
		2.4 CITY-ST-ZIP: _____	
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: WILSON, MARK H	3.1 TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD., 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	3.2 NAME: Mark A. Stefanek	
		3.3 STREET ADDRESS: 11601 Wilshire Blvd., 12th Floor	
		3.4 CITY-ST-ZIP: Los Angeles, CA 90025	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BUCKSBAUM, MARTIN	4.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD, 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	4.2 NAME: John Bucksbaum	
		4.3 STREET ADDRESS: 11601 Wilshire Blvd., 12th Floor	
		4.4 CITY-ST-ZIP: Los Angeles, CA 90025	
TITLE: P <input type="checkbox"/> DELETE	NAME: GREEN, RICHARD E	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD., 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	5.2 NAME: _____	
		5.3 STREET ADDRESS: _____	
		5.4 CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> DELETE	NAME: BUCKSBAUM, MATTHEW	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11601 WILSHIRE BLVD., 12TH FLOOR	CITY-ST-ZIP: LOS ANGELES CA	6.2 NAME: _____	
		6.3 STREET ADDRESS: _____	
		6.4 CITY-ST-ZIP: _____	

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)(k), 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: **Robert P. Bermingham** 2/16/96 310 445-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)