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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17641** **(2)**

1. Corporation Name
JMB/PCH CORPORATION

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVENUE CHICAGO IL 60611-8542	900 N. MICHIGAN AVENUE CHICAGO IL 60611-8542

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/13/1988	07/20/1994

2. Principal Place of Business	2a. Mailing Address
21 **900 N. Michigan Avenue**	26 **900 N. Michigan Avenue**
Suite, Apt. #, etc. 22 **Suite 1200**	Suite, Apt. #, etc. 27 **Suite 1200**
City & State 23 **Chicago, IL**	City & State 28 **Chicago, IL**
Zip / Country 24 **60611-1575** 25	Zip / Country 29 **60611-1575** 30

4. FEI Number **36-3559766** ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 _____ (Signature, Typed or printed Name of Registered Agent and Title, if Applicable) (NOTE: Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SAV	11 TITLE	☐ Change ☐ Addition
NAME	YATES, KEVIN, B	12 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	13 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP	60611-1575
TITLE	D	21 TITLE	VP ☒ Change ☐ Addition
NAME	BLUHM, NEIL G.	22 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	23 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	60611-1575
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	BROWN, TED	32 NAME	Glenn E. Allen
STREET ADDRESS	7900 GLADES ROAD	33 STREET ADDRESS	7900 Glades Road
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	Boca Raton, FL 33434
TITLE	VP	41 TITLE	VP ☒ Change ☐ Addition
NAME	HOLLISTER, MICHEAL E.	42 NAME	Almers, Daniel A.
STREET ADDRESS	7900 GLADES RD.	43 STREET ADDRESS	7900 Glades Road
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	Boca Raton, FL 33434
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Gary Nickele
STREET ADDRESS		53 STREET ADDRESS	900 N. Michigan Avenue
CITY ST ZIP		54 CITY ST ZIP	Chicago, IL 60611-1575
TITLE		61 TITLE	T ☐ Change ☒ Addition
NAME		62 NAME	Howard Kogen
STREET ADDRESS		63 STREET ADDRESS	900 N. Michigan Avenue
CITY ST ZIP		64 CITY ST ZIP	Chicago, IL 60611-1575

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 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 added to the attachment with an asterisk.

SIGNATURE: _____ **Kevin B. Yates** **4-27-95** **(312)915-1936**
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0386577 CP