SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
JMB/PCH CORPORATION

Principal Place of Business
900 N MICHIGAN AVE
STE 1200
CHICAGO IL 60611-1575
US

Mailing Address
900 N MICHIGAN AVE
STE 1200
CHICAGO IL 60611-1575
US

3. Date Incorporated or Qualified: 01/13/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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: (Signature of New Registered Agent if required) (Date) (Registered Agent's legal name if required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SAV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YATES, KEVIN, B	1.2 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLUHM, NEIL G.	2.2 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, GLENN E	3.2 NAME	
STREET ADDRESS	7900 GLADES ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALMERS, DANIEL A	4.2 NAME	
STREET ADDRESS	7900 GLADES RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	VPD ☒ Change ☐ Addition
NAME	NICKLE, GARY	5.2 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIGAGO IL	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	VPT ☒ Change ☐ Addition
NAME	KOGEN, HOWARD	6.2 NAME	
STREET ADDRESS	900 N MICHIGAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAG IL	6.4 CITY-ST-ZIP	

100001890191
-07/11/96--01007--009
***225.00

PM 7/10/96

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)(x), 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 a 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, or deleted with an address.

SIGNATURE: Kevin B. Yates, Secretary 6-25-96 (312) 915-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)