

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 # P23001 (1)

1. Corporation Name

ENDOWMENT AND FOUNDATION REALTY, LTD. - JMB-II,
INC.



Principal Place of Business

900 N. MICHIGAN AVENUE
CHICAGO IL 60611-1542

Mailing Address

900 N. MICHIGAN AVENUE
CHICAGO IL 60611-1542

2. Principal Place of Business

2a. Mailing Address

21 180 N. LaSalle Street

26 180 N. LaSalle Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3400

27 Suite 3400

City & State

City & State

23 Chicago, Illinois

28 Chicago, Illinois

Zip Country

Zip Country

24 60601

25

29 60601

30

3. Date Incorporated or Qualified
02/15/1989

3a. Date of Last Report
04/27/1995

4. FEI Number

36-3239956

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

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 607.1506, 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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLAEYS, JEROME J., III
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE VS ☐ DELETE

NAME NOELL, JOHN W.
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE MDT ☐ DELETE

NAME MCCARTHY, THOMAS D.
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE AVPS ☐ DELETE

NAME CAREY, GAIL
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE P ☐ DELETE

NAME DUNCAN, BRUCE W
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE MD ☐ DELETE

NAME COOKE, JOHN R
STREET ADDRESS 900 N MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 180 N. LaSalle Street
1.4 CITY-STATE-ZIP Chicago, Illinois 60601

2.1 TITLE MD/S ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 180 N. LaSalle Street
2.4 CITY-STATE-ZIP Chicago, Illinois 60601

3.1 TITLE D/P ☒ Change ☒ Addition

3.2 NAME Charles H. Wurtzebach
3.3 STREET ADDRESS 180 N. LaSalle Street
3.4 CITY-STATE-ZIP Chicago, Illinois 60601

4.1 TITLE AV/AS ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 180 N. LaSalle Street
4.4 CITY-STATE-ZIP Chicago, Illinois 60601

5.1 TITLE D/C ☐ Change ☒ Addition

5.2 NAME Stephen M. Perlmutter
5.3 STREET ADDRESS 180 N. LaSalle Street
5.4 CITY-STATE-ZIP Chicago, Illinois 60601

6.1 TITLE T ☐ Change ☒ Addition

6.2 NAME Roger E. Smith
6.3 STREET ADDRESS 180 N. LaSalle Street
6.4 CITY-STATE-ZIP Chicago, Illinois 60601

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:

Gail Carey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Carey

2/27/96

(312) 541-6767

Date

Daytime Phone #

CR2E034 (12/95)