

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23001** (1)
1. Corporation Name
ENDOWMENT AND FOUNDATION REALTY, LTD. - JMB-II, INC.

Principal Place of Business 180 N LASALLE STREET SUITE 3400 CHICAGO IL 60601 US	Mailing Address C/O GAIL CAREY 180 N. LASALLE STREET, SUITE 3400 CHICAGO IL 60601 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/15/1989	
				4. FEI Number 36-3239956 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code	
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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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	CLAEYS, JEROME J., III	1.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	MDS	2.1 TITLE	S
NAME	NOELL, JOHN W.	2.2 NAME	McCarthy, Thomas
STREET ADDRESS	180 N LASALLE STREET	2.3 STREET ADDRESS	180 N. LaSalle Street
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL
TITLE	DP	3.1 TITLE	
NAME	WURTZBACH, CHARLES H.	3.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	AVAS	4.1 TITLE	
NAME	CAREY, GAIL	4.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	PERLMUTTER, STEPHEN M.	5.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	MDT	6.1 TITLE	
NAME	MCCARTHY, THOMAS	6.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

Gail Carey

3/6/98

312/541-6767

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