

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90084 016 \*\*\*150.00

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**DOCUMENT # P23904**

1. Corporation Name

**MONTGOMERY WARD LAND CORPORATION**

Principal Place of Business

**32 LOCKERMAN SORE  
STE L-100  
DOVER DE 60671  
US**

Mailing Address

**MONTGOMERY WARD PLAZA TAX ACCTG. 7-3  
PAYROLL TAX 8-3  
CHICAGO IL 60671  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1989**

4. FEI Number

**51-0316189**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
HEINE, SPENCER H.  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

TITLE ☐ DELETE

**SVAD  
CIVGIN, DON  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

TITLE ☐ DELETE

**VPS  
MORGAN, G.T.  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

TITLE ☐ DELETE

**VT  
GATHANY, DOUGLAS V.  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

TITLE ☐ DELETE

**ASD  
DELK, PHILIP D.  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

TITLE ☒ DELETE

**AS  
WORKMAN, JOHN L.  
MONTGOMERY WARD PLAZA  
CHICAGO IL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Philip D. Delk* **Philip D. Delk Asst. Sec'y. & Director 03/11/99-(312) 467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **4914**

CR2E034 (1/98)