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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28188

1. Corporation Name

200 SOUTH BISCAVNE CORPORATION

Principal Place of Business

**305 EAST 47TH STREET
NEW YORK NY 10017**

Mailing Address

**305 EAST 47TH STREET
NEW YORK NY 10017**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1990

2. Principal Place of Business

21 P.O. Box 7066

Suite, Apt. #, etc.

22 TAX Dept.

City & State

23 Indianapolis, IN

Zip Country

24 46207 25

2a. Mailing Address

26 P.O. Box 7066

Suite, Apt. #, etc.

27 TAX Dept.

City & State

28 Indianapolis, IN

Zip Country

29 46207 30

4. FEI Number

13-3559791

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	MAUTNER, HANS C.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MALONEY, J. M	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MICHAEL L.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, WILLIAM J.	
STREET ADDRESS	305 E. 47TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TICOTIN, MARK S	
STREET ADDRESS	305 EAST 47TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	VPGC	<input checked="" type="checkbox"/> DELETE
NAME	ROLFE, HAROLD E	
STREET ADDRESS	305 EAST 47TH ST	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melvin Simon	
1.3 STREET ADDRESS	115 W. Washington St	
1.4 CITY-ST-ZIP	Indianapolis, IN 46204	

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herbert Simon	
2.3 STREET ADDRESS	115 W. Washington St	
2.4 CITY-ST-ZIP	Indianapolis, IN 46204	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Simon	
3.3 STREET ADDRESS	115 W. Washington St	
3.4 CITY-ST-ZIP	Indianapolis, IN 46204	

4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard S. Sokolov	
4.3 STREET ADDRESS	115 W. Washington St.	
4.4 CITY-ST-ZIP	Indianapolis, IN 46204	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James m. Barkley	
5.3 STREET ADDRESS	115 W. Washington St.	
5.4 CITY-ST-ZIP	Indianapolis, IN 46204	

6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stephen E. Sterrett	
6.3 STREET ADDRESS	115 W. Washington St.	
6.4 CITY-ST-ZIP	Indianapolis, IN 46204	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 317-636-1600

CR2E034 (11/98)