


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	
<b>DOCUMENT # P29723 (4)</b> 1. Corporation Name <b>HEITMAN REALTY CORPORATION</b>			
Principal Place of Business <b>180 NORTH LASALLE STREET, SUITE 3600 CHICAGO IL 60601-2504</b>		Mailing Address <b>180 NORTH LASALLE STREET, SUITE 3600 CHICAGO IL 60601-2504</b>	
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 <b>06/12/1990</b>		3a. Date of Last Report <b>07/05/1995</b>	
4. FFI Number <b>36-2541066</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 registering) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	PERLMUTTER, STEPHEN M.		
STREET ADDRESS	180 N. LASALLE ST., #3600		
CITY-ST-ZIP	CHICAGO IL		
TITLE	SV	<input type="checkbox"/> DELETE	
NAME	KATZ, STUART C.		
STREET ADDRESS	180 N. LASALLE ST., #3600		
CITY-ST-ZIP	CHICAGO IL		
TITLE	TDV	<input type="checkbox"/> DELETE	
NAME	SMITH, ROGER E.		
STREET ADDRESS	180 N. LASALLE ST., #3600		
CITY-ST-ZIP	CHICAGO IL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BERGER, MILES L.		
STREET ADDRESS	180 N. LASALLE ST., #3600		
CITY-ST-ZIP	CHICAGO IL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ISEN, STUART		
STREET ADDRESS	9601 WILSHIRE BLVD		
CITY-ST-ZIP	BEVERLY HILLS CA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		11 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			
EVP			
Eric Mayer			
9601 Wilshire Boulevard			
Beverly Hills, CA 90210			

SIGNATURE:

*Eric Mayer*  
Eric Mayer, Vice President

7/31/96

(312) 855-5700

CR2E034 (3/96)