


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36091 (7)					
1. Corporation Name JMB/BRANDON, INC.					
Principal Place of Business 800 NORTH MICHIGAN AVENUE, SUITE 2000 CHICAGO IL 60611 US			Mailing Address 800 N. MICHIGAN AVENUE SUITE 1200 CHICAGO IL 60611-1542 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1991	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 07/10/1996	
22. City & State		27. City & State		4. FEI Number 36-3790189	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		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 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. City			84. Zip Code		
85. State			86. 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME NICKELE, GARY			1.2 NAME Paul C. Nielsen		
STREET ADDRESS 900 NO MICHIGAN AVE			1.3 STREET ADDRESS 900 N. Michigan Ave.		
CITY-ST-ZIP CHICAGO IL			1.4 CITY-ST-ZIP Chicago, IL 60611		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BLUHM, NEIL G.			2.2 NAME		
STREET ADDRESS 900 N. MICHIGAN AVE.			2.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GLUSKIN, JEFFREY			3.2 NAME		
STREET ADDRESS 900 N. MICHIGAN AVE.			3.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL			3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME YATES, KEVIN B			4.2 NAME		
STREET ADDRESS 900 NO MICHIGAN AVE			4.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME Asst. Sec. Kim Schwartz		
STREET ADDRESS			5.3 STREET ADDRESS 900 N. Michigan Ave.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP Chicago, IL 60611		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: **Kim Schwartz Asst. Sec.** 4/29/98 (20) 615-1931

CR2E034 (9/96)