**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37179 (9)

1. Corporation Name
FAIRVIEW VILLAS PARTNERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4849 GOLF ROAD<br>SKOKIE IL 60077 | 4849 GOLF ROAD<br>SKOKIE IL 60077 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2355 Waukegan Rd.
22 Suite. A208
23 Bannockburn, IL
24 Zip 60015 25 Country

2a. Mailing Address
26 2355 Waukegan Rd.
27 Suite. A200
28 Bannockburn, IL
29 Zip 60015 30 Country

4. FEI Number: 36-3728553 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~PD~~ | 1.1 TITLE | C/P/CEO/D | ☒ Change ☐ Addition |
| NAME | MEADOR, THOMAS E. | 1.2 NAME | | |
| STREET ADDRESS | ~~4849 GOLF RD.~~ | 1.3 STREET ADDRESS | 2355 Waukegan Rd., Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 1.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |
| TITLE | VS | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | OGLE, JERRY M | 2.2 NAME | | |
| STREET ADDRESS | ~~4849 GOLF ROAD~~ | 2.3 STREET ADDRESS | 2355 Waukegan Road, Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 2.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |
| TITLE | ~~V~~ | 3.1 TITLE | SV/CFO/T/Asst. S/D | ☐ Change ☒ Addition |
| NAME | ~~LUTZ, ROBERT H., JR.~~ | 3.2 NAME | Brian D. Parker | |
| STREET ADDRESS | ~~4849 GOLF RD.~~ | 3.3 STREET ADDRESS | 2355 Waukegan Rd, Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 3.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |
| TITLE | ~~VCTS~~ | 4.1 TITLE | EV | ☒ Change ☐ Addition |
| NAME | WOOD, ALLAN | 4.2 NAME | | |
| STREET ADDRESS | ~~4849 GOLF RD.~~ | 4.3 STREET ADDRESS | 2355 Waukegan Rd., Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 4.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |
| TITLE | ~~V~~ | 5.1 TITLE | SV | ☐ Change ☒ Addition |
| NAME | ~~BARRA, GINO A.~~ | 5.2 NAME | Daniel A. Duhig | |
| STREET ADDRESS | ~~4849 GOLF RD.~~ | 5.3 STREET ADDRESS | 2355 Waukegan Rd, Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 5.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |
| TITLE | ~~V~~ | 6.1 TITLE | SV | ☒ Change ☐ Addition |
| NAME | DARRAGH, ALEXANDER J. | 6.2 NAME | | |
| STREET ADDRESS | ~~4849 GOLF RD~~ | 6.3 STREET ADDRESS | 2355 Waukegan Rd., Suite A200 | |
| CITY-ST-ZIP | ~~SKOKIE IL~~ | 6.4 CITY-ST-ZIP | Bannockburn, IL 60015 | |

See Attached List of Additional officers

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jerry M Ogle Vice Pres. & Secretary 4-21-95 (708)677-2900
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jerry M. Ogle

0361240 CP

P52179

## ADDITIONAL OFFICERS

| | |
|---|---|
| Senior Vice President | Josette Goldberg |
| Senior Vice President | Alan Lieberman |

The address of record for the above officers is:

Bannockburn Lake Office Plaza
2355 Waukegan Road
Suite A200
Bannockburn, Illinois 60015