

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856016** (1)  
1. Corporation Name  
**CADILLAC FAIRVIEW CORP.**



Principal Place of Business Mailing Address  
**BOX 802095 CHICAGO IL 60680-2095 US**

2. Principal Place of Business 2a. Mailing Address  
21 **20 Queen Street West** 26 **20 Queen Street West**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 400** 27 **Suite 400**  
City & State City & State  
23 **Toronto, Ontario** 28 **Toronto, Ontario**  
Zip Country Zip Country  
24 **M5H 3R4** 25 **Canada** 29 **M5H 3R4** 30 **Canada**

3. Date Incorporated or Qualified **04/04/1983** 3a. Date of Last Report **03/24/1995**  
4. FEI Number **51-0258297** 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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0504, Florida Statutes.

SIGNATURE

Signature of Officer or Director (Print Name)

Signature of Agent (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PDCO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EADIE, GRAEME M</b>
STREET ADDRESS	<b>20 QUEEN ST WEST</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MASSON, CHARLES M</b>
STREET ADDRESS	<b>20 QUEEN STREET WEST, STE 400</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>WOOD, ROSS W.E.</b>
STREET ADDRESS	<b>20 QUEEN STREET WEST, STE 400</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>GILLIN, PHILLIP C</b>
STREET ADDRESS	<b>20 QUEEN STREET WEST, STE 400</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE
NAME	<b>SHERWOOD, NANCY G</b>
STREET ADDRESS	<b>20 QUEEN STREET WEST, STE 400</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5H-3R4</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MACDONALD, JOHN W</b>
STREET ADDRESS	<b>20 QUEEN STREET WEST, STE 400</b>
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5H-3R4</b>

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>President, Director &amp; COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>Donald M. Biback</b>
3. STREET ADDRESS	<b>20 Queen St. W., Suite 400</b>
4. CITY-ST-ZIP	<b>Toronto, Ontario, Canada, M5H 3R4</b>
5. TITLE	<b>Senior V.P. &amp; Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Christopher W. McDonnell</b>
7. STREET ADDRESS	<b>20 Queen St. W., Suite 400</b>
8. CITY-ST-ZIP	<b>Toronto, Ontario, Canada, M5H 3R4</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<b>Director, Senior Vice-</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>President, Finance &amp; Treasurer</b>
19. STREET ADDRESS	
20. CITY-ST-ZIP	

03/26/96 01029-011  
\*\*\*298-00

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)(k), 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: *R Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ross W. E. Wood, Assistant Secretary**

*Feb 21/96*  
*00 2125*

CR2E034 (12/95)