

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002076 (7)

1. Corporation Name

EAGLE RIDGE MALL, INC.



Principal Place of Business

Mailing Address

215 KEO
DES MOINES IA 50309

215 KEO
DES MOINES IA 50309

2. Principal Place of Business

2a. Mailing Address

21 55 W. Monroe

26 55 W. Monroe

Suite, Apt #, etc

Suite, Apt #, etc

22 Suite 3100

27 Suite 3100

City & State

City & State

23 Chicago, IL

28 Chicago, IL

Zip

Country

Zip

Country

24 60603

25 U.S.A.

29 60603

30 U.S.A.

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

42-1420675

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 ST
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	C	<input checked="" type="checkbox"/> DELETE
NAME	BUCKSBAUM, MARTIN	
STREET ADDRESS	215 KEO	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	BUCKSBAUM, MATTHEW	
STREET ADDRESS	215 KEO	
CITY-ST-ZIP	DES MOINES IA	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	RICHARDS, STANLEY	
STREET ADDRESS	215 KEO	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FREIBAUM, BERNARD	
STREET ADDRESS	120 N LASALLE ST SUITE 3300	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert Michaels	
13 STREET ADDRESS	55 W. Monroe, Suite 3100	
14 CITY-ST-ZIP	Chicago, IL 60603	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	55 W. Monroe, Suite 3100	
24 CITY-ST-ZIP	Chicago, IL 60603	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	55 W. Monroe, Suite 3100	
34 CITY-ST-ZIP	Chicago, IL 60603	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	55 W. Monroe, Suite 3100	
44 CITY-ST-ZIP	Chicago, IL 60603	
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 type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Freibaum

6/11/96

(312) 551-5600

CR2E034 (3/96)