

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90010 024 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000002076

1. Corporation Name
EAGLE RIDGE MALL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**55 W MONROE
 SUITE 3100
 CHICAGO IL 60603
 US**

Mailing Address
**55 W MONROE
 SUITE 3100
 CHICAGO IL 60603
 US**

3. Date Incorporated or Qualified
04/21/1994

2. Principal Place of Business
 21 **110 N. Wacker**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **110 N. Wacker**
 Suite, Apt. #, etc.

4. FEI Number
42-1420675

Applied For
 Applied For
 Not Applicable

22 City & State
 23 **Chicago, IL**

27 City & State
 28 **Chicago, IL**

24 Zip **60606** 25 Country **USA** 29 Zip **60606** 30 Country **USA**

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, ROBERT	
STREET ADDRESS	55 W MONROE SUITE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BUCKSBAUM, MATTHEW	
STREET ADDRESS	55 W MONROE SUITE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARDS, STANLEY	
STREET ADDRESS	55 W MONROE SUITE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	FREIBAUM, BERNARD	
STREET ADDRESS	55 W MONROE SUITE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	BUCKSBAUM	
STREET ADDRESS	55 W MONROE, SUITE 3100	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	110 N. Wacker
1.4 CITY-ST-ZIP	Chicago, IL 60606
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	110 N. Wacker
2.4 CITY-ST-ZIP	Chicago, IL 60606
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	110 N. Wacker
3.4 CITY-ST-ZIP	Chicago, IL 60606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	110 N. Wacker
4.4 CITY-ST-ZIP	Chicago, IL 60606
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	110 N. Wacker
5.4 CITY-ST-ZIP	Chicago IL 60606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Bernard Freibaum 3-31-99 (312) 960-5205

CR2E034 (1/198)