

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006194

1. Entity Name
INLAND MORTGAGE CAPITAL CORPORATION



Principal Place of Business
255 S. ORANGE AVENUE, STE. 955
ORLANDO, FL 32801

Mailing Address
2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0511935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERSON, RAYMOND E 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRESS, GAIL 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP LUNDIN, LESLIE 1646 N. CALIFORNIA BLVD., STE. 350 WALNUT CREEK, CA 94596
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUM, ROBERT H 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODWIN, DANIEL L 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LINGLE, MARK 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523

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02/25/05-80043-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond E. Petersen

Date

630.218.8000

Daytime Phone #