

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 022 ***150.00

DOCUMENT # F04000006194

1. Entity Name
INLAND MORTGAGE CAPITAL CORPORATION



Principal Place of Business Mailing Address
255 S. ORANGE AVENUE, STE. 955 **2901 BUTTERFIELD ROAD**
ORLANDO, FL 32801 **OAK BROOK, IL 60523**

40067255



2. Principal Place of Business - No P.O. Box #
2901 Butterfield Road
 Suite, Apt. #, etc.

04082008 Chg-P CR2E034 (12/06)

City & State
Oak Brook, IL

4. FEI Number
20-0511935
 Applied For
 Not Applicable

Zip Country Zip Country
60523

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PETERSEN, RAYMOND E 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRESS, GAIL 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LUNDIN, LESLIE 1646 N. CALIFORNIA BLVD., STE. 350 WALNUT CREEK, CA 94596	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, ROBERT H 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, DANIEL L 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LINGLE, MARK 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Chris Snow 2901 Butterfield Road Oak Brook, IL 60523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Raymond E Petersen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #