


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001046

1. Entity Name
INLAND CONTINENTAL PROPERTY MANAGEMENT CORP.



Principal Place of Business 2901 BUTTERFIELD RD OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD RD ATTN: LAW DEPT OAK BROOK, IL 60523
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1659091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

02/07/07-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MCGUINNESS, THOMAS P
STREET ADDRESS	2901 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	DST
NAME	BARG, ROBERT M
STREET ADDRESS	2901 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	SVP
NAME	NORTON, ANGELA
STREET ADDRESS	2901 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert M. Barg Robert M. Barg Sec'y/Treas/Director 1/25/07 630/218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #