


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90032 047 \*\*\*150.00

**DOCUMENT # F05000001046**

1. Entity Name  
**INLAND CONTINENTAL PROPERTY MANAGEMENT CORP.**



Principal Place of Business      Mailing Address  
**2901 BUTTERFIELD RD**      **2901 BUTTERFIELD RD**  
**OAK BROOK, IL 60523**      **ATTN: LAW DEPT**  
**OAK BROOK, IL 60523**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

40050200



03312008      Chg-P      CR2E034 (12/06)

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 \_\_\_\_\_ 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, 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	CP	<input type="checkbox"/> Delete
NAME	MCGUINNESS, THOMAS P	
STREET ADDRESS	2901 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK, IL 60523	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BARG, ROBERT M	
STREET ADDRESS	2901 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK, IL 60523	
TITLE	<del>AVP</del> DSVP	<input type="checkbox"/> Delete
NAME	NORTON, ANGELA	
STREET ADDRESS	2901 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK, IL 60523	
TITLE	D	<input type="checkbox"/> Delete
NAME	Alan F. Kremin	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	D	<input type="checkbox"/> Delete
NAME	Frances C. Panico	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	VP	<input type="checkbox"/> Delete
NAME	David Engelke	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Centanni	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Lithgow	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth McNeeley	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teri Young	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Jensen	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Merlo, Denise Olalde	
STREET ADDRESS	2901 Butterfield Road	
CITY-ST-ZIP	Oak Brook, IL 60523	

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: *AM Kremin*      Sr. VP/Secy/Treasurer      4/14/08      (630) 218-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #