

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

FILED
Feb 17, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-17-1999 90022 045 ****150.00

DOCUMENT # **F98000002584**

1. Corporation Name
INLAND SOUTHEAST PROPERTY MANAGEMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2901 BUTTERFIELD RD. OAK BROOK IL 60523
 Mailing Address: 2901 BUTTERFIELD RD. OAK BROOK IL 60523

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 05/06/1998
 4. FEI Number: 65-0821711
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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	KREMIN, ALAN	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, D. SCOTT	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANDERS, STEVEN D	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARG, ROB	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUINESS, THOMAS P	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Robert M. BARG **ROBERT M. BARG TREAS.** 1-11-99 630-218-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #