

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90061 050 ***150.00

DOCUMENT # F98000002584
 1. Entity Name
INLAND SOUTHEAST PROPERTY MANAGEMENT CORP.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0821711		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. * ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KREMIN, ALAN			NAME	Sanders, Steven D.		
STREET ADDRESS	2901 BUTTERFIELD RD.			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARR, D. SCOTT			NAME	Mrozek, Amanda		
STREET ADDRESS	2901 BUTTERFIELD RD.			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Sr. VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUBAUER, JAMES			NAME	Neubauer, James H.		
STREET ADDRESS	2901 BUTTERFIELD RD.			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	V/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARG, ROBERT M			NAME	Jarog, Warren W.		
STREET ADDRESS	2901 BUTTERFIELD RD.			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		
TITLE	P	<input type="checkbox"/> Delete		TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGUINNESS, THOMAS P			NAME	McGuinness, Thomas P.		
STREET ADDRESS	2901 BUTTERFIELD RD.			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		
TITLE	AVP	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, CHRISTINE			NAME	Alexander, Christine		
STREET ADDRESS	2901 BUTTERFIELD ROAD			STREET ADDRESS	2901 Butterfield Road		
CITY-ST-ZIP	OAK BROOK IL 60523			CITY-ST-ZIP	Oak Brook, IL 60523		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. * See Attachment

SIGNATURE: *Thomas P. McGuinness* 1/25/02 (630) 218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
DOC# F98000002584
742792

TITLE	Assistant Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hope, Jane		
STREET ADDRESS	2901 Butterfield Road		
CITY-STATE-ZIP	Oak Brook, IL 60523		