


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002584

1. Entity Name
INLAND SOUTHEAST PROPERTY MANAGEMENT CORP.



Principal Place of Business Mailing Address

**2901 BUTTERFIELD RD.
OAK BROOK, IL 60523** **2901 BUTTERFIELD RD.
OAK BROOK, IL 60523**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0821711 Not Applicable

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**

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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, 2004 Fee will be \$550.00**

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

000000147383
05/03/04-80104-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	KREMIN, ALAN
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	SANDERS, STEVEN D
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	DP
NAME	NEUBAUER, JAMES
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	HORALEWSKYJ, ULANA B
STREET ADDRESS	2901 BUTTERFIELD RD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	CCEO
NAME	MCGUINNESS, THOMAS P
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	V
NAME	ALEXANDER, CHRISTINE
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Alan F. Kremin, Treasurer** 4/27/04 (630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #