

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90021 024 ***150.00

DOCUMENT # G03499

1. Entity Name
INTERVEST SOUTHERN REAL ESTATE CORPORATION



Principal Place of Business
**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523**

Mailing Address
**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60521**

DO NOT WRITE IN THIS SPACE

10001800



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2230516

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATLIN, ROBERTA S.
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL
TITLE	VB V
NAME	DELROSSO, PATRICIA A Griffin, Guadalupe
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL
TITLE	ST D
NAME	LYNCH, CATHERINE L.
STREET ADDRESS	2901 BUTTERFIELD RD.
CITY-ST-ZIP	OAK BROOK, IL
TITLE	VB
NAME	HORALEWSKYJ, ULANA B
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	O'Hanlon, Michael J.
STREET ADDRESS	2901 Butterfield Road
CITY-ST-ZIP	Oak Brook, IL 60523
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: **Catherine L. Lynch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

630-218-8000

Daytime Phone #