2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 08:00 AN Secretary of State

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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

02262008 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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

3/12/2008

630-218-8000

a. 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					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000857700 04/01/08-80014-025 150,00					
10.	OFFICERS AND DIREC	TORS			,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATLIN, ROBERTA S. 2901 BUTTERFIELD RAOD OAK BROOK, IL									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, GUADALUPE 2901 BUTTERFIELD RD. OAK BROOK, IL			,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYNCH, CATHERINE L. 2901 BUTTERFIELD RD. OAK BROOK, IL		,	DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VD HORALEWSKYJ, ULANA B 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523			iN	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HANLON, MICHAEL J 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523									
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
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.										

MINO OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

Catherine L. Lynch

Secretary