


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F0000007119
 1. Entity Name
 9900 SHERIDAN, INC.



Principal Place of Business: LASALLE INVESTMENT MANAGEMENT
 200 EAST RANDOLPH DRIVE
 CHICAGO, IL 60601 US

Mailing Address: %ALAN CLEVELAND, ESQ.-SHEEHAN, PHINNEY, BAS
 P.O. BOX 3701, 1000 ELM STREET
 MANCHESTER, NH 03105-3701 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 02-0522425 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

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HAGAN, ROBERT K
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VP
NAME	DUKE, GEORGE W
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	T
NAME	DONAVAN, PAUL J
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	S
NAME	CLEVELAND, ALAN P ESQ
STREET ADDRESS	P.O. BOX 3701, 1000 ELM STREET
CITY-ST-ZIP	MANCHESTER, NH 031053701
TITLE	PD
NAME	JUDGE, WADE W
STREET ADDRESS	200 EAST RANDOLPH DRIVE
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	AS
NAME	LAPOINTE, MATTHEW J
STREET ADDRESS	P.O. BOX 3701, 1000 ELM STREET
CITY-ST-ZIP	MANCHESTER, NH 031053701

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 01/19/05-80003-006 150.00

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 P. Cleveland, Esq., Secretary **1/10/2005** **603-627-8148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #