2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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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

DO NOT WRITE

	ION, FL 33324		IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its registers	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and little i	f applicable. (NOTE Registered	d Agent signature	required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	TORS	F		I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGAN, ROBERT K 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601						
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONAVAN, PAUL J 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, ALAN P ESQ P.O. BOX 3701, 1000 ELM STREET MANCHESTER, NH 031053701	M STREET					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDGE, WADE W 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601						
TITLE	AS -		l				

12. I hereby certify that the information supplied with his filling loss not indicated on this report or supplemental report is true and accused of the corporation or the receiver or trustee employeed to executed. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate any flat my signature shall have the same legal effect as if made under oath; that I am an officer or director executed is 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;

SIGNATURE: Alan

NAME STREET ADDRESS

CITY-ST-ZIP

Cleveland SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

LAPOINTE, MATTHEW J

P.O. BOX 3701, 1000 ELM STREET

MANCHESTER, NH 031053701

Secretary

1/10/2005

603-627-8148

Daytime Phone #