

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 048 ***150.00

DOCUMENT # F00000007119					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0522425	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME BLUM, DIANE L STREET ADDRESS 200 E RANDOLPH DR CITY - ST - ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPTD NAME DUKE, GEORGE W STREET ADDRESS 200 EAST RANDOLPH DRIVE CITY - ST - ZIP CHICAGO, IL 60601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME INGLIS, STEVE STREET ADDRESS 200 E RANDOLPH DR CITY - ST - ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete		TITLE VPT NAME Inglis, Stephen R. STREET ADDRESS 200 E. Randolph Dr. CITY - ST - ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CLEVELAND, ALAN P ESQ STREET ADDRESS P.O. BOX 3701, 1000 ELM STREET CITY - ST - ZIP MANCHESTER, NH 031053701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JUDGE, WADE W STREET ADDRESS 200 EAST RANDOLPH DRIVE CITY - ST - ZIP CHICAGO, IL 60601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME LAPOINTE, MATTHEW J STREET ADDRESS P.O. BOX 3701, 1000 ELM STREET CITY - ST - ZIP MANCHESTER, NH 031053701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Alan P. Cleveland, Esq.			1/23/2007 (603) 668-0300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		