

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007119

FILED
Jan 14, 2010
Secretary of State

Entity Name: 9900 SHERIDAN, INC.

Current Principal Place of Business:

LASALLE INVESTMENT MANAGEMENT
200 EAST RANDOLPH DRIVE
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

%ALAN CLEVELAND,ESQ.-SHEEHAN,PHINNEY,BAS
P.O. BOX 3701, 1000 ELM STREET
MANCHESTER, NH 031053701 US

New Mailing Address:

FEI Number: 02-0522425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP
Name: HIGGINS, PATTI H
Address: 200 E RANDOLPH DR
City-St-Zip: CHICAGO, IL 60606

Title: VPTD
Name: INGLIS, STEPHEN R
Address: 200 E RANDOLPH DR
City-St-Zip: CHICAGO, IL 60606

Title: S
Name: CLEVELAND, ALAN P ESQ
Address: P.O. BOX 3701, 1000 ELM STREET
City-St-Zip: MANCHESTER, NH 031053701

Title: PD
Name: JUDGE, WADE W
Address: 200 EAST RANDOLPH DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: AS
Name: LAPOINTE, MATTHEW J
Address: P.O. BOX 3701, 1000 ELM STREET
City-St-Zip: MANCHESTER, NH 031053701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN P. CLEVELAND, ESQ.

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01/14/2010

Electronic Signature of Signing Officer or Director

_____ Date