

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006189

1. Entity Name
INLAND REAL ESTATE INVESTMENT CORPORATION



Principal Place of Business
**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523**

Mailing Address
**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3337999

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PD
NAME BUJRAL, BRENDA G
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE ST
NAME LYNCH, CATHERINE L
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE CD
NAME PARKS, ROBERT D
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE D
NAME GOODWIN, DANIEL L
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE D
NAME BAUM, ROBERT H
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE V
NAME DELROSSO, PATRICIA A
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK, IL 60523

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02/07/05-80017-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Catherine L. Lynch
Catherine L. Lynch, Treasurer

Secretary/

2/3/05 (630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #