


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000006189 1. Entity Name INLAND REAL ESTATE INVESTMENT CORPORATION	
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Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3337999	Applied For <input type="checkbox"/> Not Applicable
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**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000418664 02/14/06-80016-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUJRAL, BRENDA G 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYNCH, CATHERINE L 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PARKS, ROBERT O 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, DANIEL L 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, ROBERT H 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELROSSO, PATRICIA A 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523

**DO NOT WRITE
IN THIS SPACE**

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: CATHERINE L. LYNCH 1-18-06 630218-800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #