

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 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**



03042008 No Chg-P CR2E034 (11/05)

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, 2008 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	DSVP
NAME	MATLIN, ROBERTA S
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523

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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 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine L. Lynch

**Catherine L. Lynch
Secretary/Treasurer**

3/4/08 (6)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date