

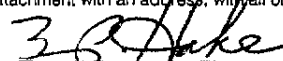


**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # F04000003314</b><br>1. Entity Name<br><b>LASALLE INVESTMENT MANAGEMENT, INC.</b>   |   |                                        |  |
| Principal Place of Business<br><b>200 EAST RANDOLPH<br/>CHICAGO, IL 60601</b>  |   | Mailing Address<br><b>200 EAST RANDOLPH<br/>CHICAGO, IL 60601</b>   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |  |
|  |   | <br>02012005 No Chg-P CR2E034 (10/03) |  |
|  |   | 4. FEI Number<br><b>36-4160747</b>  |  |
|  |   | Applied For<br>Not Applicable   |  |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>   |   | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>THURBER, LYNN C<br>200 EAST RANDOLPH<br>CHICAGO, IL 60601   | U000000217302<br>02/07/05-80019-024 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WOODROW, KIMBALL C<br>200 EAST RANDOLPH<br>CHICAGO, IL 60601 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SCHAFF, PETER H<br>200 EAST RANDOLPH<br>CHICAGO, IL 60601    | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPT<br>HAKE, BRIAN P<br>200 EAST RANDOLPH<br>CHICAGO, IL 60601    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>REPP, GORDON G<br>200 EAST RANDOLPH<br>CHICAGO, IL 60601     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| 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, will call other like empowered. |   |   |  |
| SIGNATURE:    |   | Brian P. Hake, V.P./Treasurer 2/2/05 312-228-2522   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #  |  |