


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90026 011 \*\*\*150.00

**DOCUMENT # F04000003314**

1. Entity Name  
**LASALLE INVESTMENT MANAGEMENT, INC.**



Principal Place of Business 200 EAST RANDOLPH CHICAGO, IL 60601	Mailing Address 200 EAST RANDOLPH CHICAGO, IL 60601
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40116307



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4160747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael Ricketts 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODROW, KIMBALL C 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAFF, PETER H 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT HAKE, BRIAN P 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REPP, GORDON G 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **4/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #