

**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

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 ☐

**\$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 \_\_\_\_\_

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, 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  
Dr  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07