


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90113 049 \*\*\*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**

**40092076**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04182008 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	DP THURBER, LYNN C <input checked="" type="checkbox"/> Delete 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODROW, KIMBALL C <input type="checkbox"/> Delete 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFF, PETER H <input type="checkbox"/> Delete 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HAKE, BRIAN P <input checked="" type="checkbox"/> Delete 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REPP, GORDON G <input type="checkbox"/> Delete 200 EAST RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kimball C. Woodrow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 E. Randolph Dr. Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Joseph J. Romenesko <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 E. Randolph Dr. Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James S. Jasionowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 E. Randolph Dr. Chicago, IL 60601

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:**  **4/25/08** **312-228-2778**

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

James S. Jasionowski, vice President