

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 022 ***150.00

DOCUMENT # F04000006194

1. Entity Name
INLAND MORTGAGE CAPITAL CORPORATION



Principal Place of Business

**255 S. ORANGE AVENUE, STE. 955
ORLANDO, FL 32801
2901 Butterfield Road
Oak Brook, IL 60523**

Mailing Address

**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523**

40067255



2. Principal Place of Business - No P.O. Box #

2901 Butterfield Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008

Chg-P

CR2E034 (12/06)

City & State

Oak Brook, IL

City & State

4. FEI Number

20-0511935

Applied For

Not Applicable

Zip
60523

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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	PD	<input type="checkbox"/> Delete
NAME	PETERSEN, RAYMOND E	
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK, IL 60523	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRESS, GAIL	
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK, IL 60523	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LUNDIN, LESLIE	
STREET ADDRESS	1646 N. CALIFORNIA BLVD., STE. 350	
CITY - ST - ZIP	WALNUT CREEK, CA 94596	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUM, ROBERT H	
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK, IL 60523	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, DANIEL L	
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK, IL 60523	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LINGLE, MARK	
STREET ADDRESS	2901 BUTTERFIELD ROAD	
CITY - ST - ZIP	OAK BROOK, IL 60523	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Snow	
STREET ADDRESS	2901 Butterfield Road	
CITY - ST - ZIP	Oak Brook, IL 60523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 #