

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

04-20-2005 90358 003 \*\*\*\*50.00

F04000006762


SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:34

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04042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F04000006762</b>			
1. Entity Name INLAND REAL ESTATE SALES, INC.			
Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523		Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-3339991		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. 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		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, ROBERT H	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, DANIEL L	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMIN, ALAN F	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JONATHAN J	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, DAVID	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Controller
STREET ADDRESS		STREET ADDRESS	Susan A. Johnson
CITY-ST-ZIP		CITY-ST-ZIP	2901 Butterfield Road Oak Brook, IL 60523
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 with all other like empowered.			
SIGNATURE: <i>Susan A. Johnson</i>		Date: 4-5-05 Daytime Phone #: 630-218-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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