

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVE
AND
FILED

06 SEP 15 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000001046

1. Entity Name
INLAND CONTINENTAL PROPERTY MANAGEMENT
CORP.



Principal Place of Business
2901 BUTTERFIELD RD
OAK BROOK, IL 60523

Mailing Address
2901 BUTTERFIELD RD
ATTN: LAW DEPT
OAK BROOK, IL 60523



09072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1659091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
MCGUINNESS, THOMAS P
2901 BUTTERFIELD RD
OAK BROOK, IL 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BARG, ROBERT M
2901 BUTTERFIELD RD
OAK BROOK, IL 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
NORTON, ANGELA
2901 BUTTERFIELD RD
OAK BROOK, IL 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200079946332
09/19/06--01033--004 **150.00

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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.

Secretary/Treas.

630/

SIGNATURE: *Robert M. Barg*

Robert M. Barg

Director

9/14/06

218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/06