

**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
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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

**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: *Robert M. Barg* Robert M. Barg Secretary/Treas. 630/  
Director 218-8000  
Date 9/14/06 Daytime Phone #

9/15/06