



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005713 1. Entity Name INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.						FILED 06 OCT 24 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		 10062006 REIN-P CR2E098 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 36-3928433				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$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				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARKS, ROBERT D 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081161041 10/24/06--01049--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALATORIS, MARK 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALATORIS, MARK 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, D. SCOTT 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLESSNER, FREDERICK 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAYNER, DAVID J 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/18/06 <small>Date</small>		630/218.8000 <small>Daytime Phone #</small>	