

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005713

1. Entity Name
INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.



Principal Place of Business
**2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523**

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



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3928433

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**

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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

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	C
NAME	PARKS, ROBERT D
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	ZALATORIS, MARK
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	ZALATORIS, MARK
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	P
NAME	CARR, D. SCOTT
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	VP
NAME	PLESSNER, FREDERICK
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	V
NAME	BROOKS, BETH S
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523

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04/10/08-80088-015 150.00

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #