2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F07000002010

1. Entity Name
INLAND ATLANTIC SEMINOLE, INC.

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

03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8829762
☐ 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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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, 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	LAZARUS, BARRY L
STREET ADDRESS	400 S DIXIE HWY SUITE 128
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	BAUM, ROBERT H
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	KREMIN, ALAN F
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	D
NAME	MCGUINNESS, THOMAS P
STREET ADDRESS	2901 BUTTERFIELD ROAD
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	PD
NAME	DIGIOVANNI, JOHN
STREET ADDRESS	1175 PEASTREET ST, NE, STE 840
CITY-ST-ZIP	ATLANTA, GA 30361
TITLE	VPD
NAME	~~JOSEPHER, RANDY L~~ Josepher, Randy L.
STREET ADDRESS	1175 PEASTREET ST, NE, STE 840
CITY-ST-ZIP	ATLANTA, GA 30361

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04/23/08-80091-008 150.00

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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: John DiGiovanni - President 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

**See Attached List of Officers and Directors