SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:06

DOCUMENT # **F92000000531 (5)**

1. Corporation Name
INLAND REAL ESTATE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
2901 BUTTERFIELD ROAD OAK BROOK IL 60521	2901 BUTTERFIELD ROAD OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 10/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 36-3337999 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARES, WILLIAM A
300 NORTH FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PARKS, ROBERT D	12 NAME	
STREET ADDRESS	2901 BUTTERFIELD RD.	13 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL 60521	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COSENZA, G. JOSEPH	22 NAME	
STREET ADDRESS	2901 BUTTERFIELD RD.	23 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL 60521	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, DANIEL L	32 NAME	
STREET ADDRESS	2901 BUTTERFIELD RD.	33 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL 60521	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BAUM, ROBERT H	42 NAME	
STREET ADDRESS	2901 BUTTERFIELD RD.	43 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL 60521	44 CITY ST ZIP	
TITLE	T	51 TITLE	T/S ☒ Change ☐ Addition
NAME	MCCLAIN, PATRICIA A	52 NAME	Lynch, Catherine
STREET ADDRESS	2901 BUTTERFIELD RD.	53 STREET ADDRESS	2901 Butterfield Rd.
CITY ST ZIP	OAK BROOK IL	54 CITY ST ZIP	Oak Brook, IL 60521
TITLE	SVP	61 TITLE	☐ Change ☐ Addition
NAME	CHALLENER, PATRICIA A	62 NAME	
STREET ADDRESS	2901 BUTTERFIELD RD.	63 STREET ADDRESS	
CITY ST ZIP	OAK BROOK IL 60521	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine L. Lynch 6/13/95 (708) 218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Catherine L. Lynch

0178481 FP