

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000531 (5)

1. Corporation Name

INLAND REAL ESTATE INVESTMENT CORPORATION



Principal Place of Business

2901 BUTTERFIELD ROAD
OAK BROOK IL 60521

Mailing Address

2901 BUTTERFIELD ROAD
OAK BROOK IL 60521

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARKS, ROBERT D	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY - ST - ZIP	OAK BROOK IL 60521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSENZA, G. JOSEPH	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY - ST - ZIP	OAK BROOK IL 60521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODWIN, DANIEL L	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY - ST - ZIP	OAK BROOK IL 60521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUM, ROBERT H	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY - ST - ZIP	OAK BROOK IL 60521	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	LYNCH, CATHERINE	
STREET ADDRESS	2901 BUTTERFIELD RD	
CITY - ST - ZIP	OAK BROOK IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CHALLENGER, PATRICIA A	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY - ST - ZIP	OAK BROOK IL 60521	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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* CATHERINE L. LYNCH 3-28-96 (708) 218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, State Phone #

CR2E034 (12/95)