

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

**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 JAN 19 AM 10:24

DOCUMENT # F93000001211 (2)

1. Corporation Name

BRAUVIN REALTY ADVISORS III INC.

Principal Place of Business

**150 S. WACKER, STE. #3200
CHICAGO IL 60606**

Mailing Address

**150 S. WACKER, STE. #3200
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

06/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

36-3632480

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CP

NAME

BRAULT, JEROME J

STREET ADDRESS

150 S. WACKER, STE. 3200

CITY-ST-ZIP

CHICAGO IL 60606

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

CP

NAME

FRANCIS, CEZAR M

STREET ADDRESS

444 N. MICHIGAN, STE. 2500

CITY-ST-ZIP

CHICAGO IL 60611

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE

VP

NAME

COORSH, TOM

STREET ADDRESS

150 S. WACKER, STE. 3200

CITY-ST-ZIP

CHICAGO IL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

T

NAME

MAX, RONALD T

STREET ADDRESS

150 S. WACKER, SUITE 3200

CITY-ST-ZIP

CHICAGO IL 60606

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

SECRETARY/DIRECTOR

NAME

Brault, James L.

STREET ADDRESS

150 S. Wacker Drive, Suite 3200

CITY-ST-ZIP

Chicago, IL 60606

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

SECRETARY/DIRECTOR

NAME

SECRETARY/DIRECTOR

STREET ADDRESS

SECRETARY/DIRECTOR

CITY-ST-ZIP

SECRETARY/DIRECTOR

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome L. Brault

1/12/95 312-443-CA22