

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001423 (3)

1. Corporation Name

BRAUVIN REALTY ADVISORS II, INC.



Principal Place of Business

150 S. WACKER, SUITE 3200
CHICAGO IL 60606

Mailing Address

150 S. WACKER, SUITE 3200
CHICAGO IL 60606

3. Date Incorporated or Qualified
03/23/1993

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FFI Number

36-3580152

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

Signature typed or printed name of Registered Agent

Signature typed or printed name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME EP
STREET ADDRESS BRAULT, JEROME J
CITY-ST-ZIP 150 S. WACKER, STE 3200
CHICAGO IL 60606

TITLE ☒ DELETE
NAME MAX RONALD T
STREET ADDRESS 150 S. WACKER, SUITE 3200
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE
NAME BRAULT, JAMES L
STREET ADDRESS 150 S. WACKER, SUITE 3200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE
NAME COORSH, TOM
STREET ADDRESS 150 S. WACKER, SUITE 3200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Chairman,
1.2 NAME President
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE Secretary, Vice Presi-
3.2 NAME dent
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, trustee, or other person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome J. Brault, 4/23/96

312-443-0922

Date

Daytime Phone #

CR2E034 (12/95)