2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005166

1. Entity Name OAKBROOK REALTY, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1600 E MAIN ST ST. CHARLES, IL 60174 1600 E MAIN ST

ST. CHARLES, IL 60174



DO NOT WRITE IN THIS SPACE

04092008 No Chg-P

CR2E034 (11/05)

4. FEI Number 36-3913846

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.

DO NOT WRITE

1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000910656 05/07/08-80010-007 150.00
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT SD WELTY, RODNEY A 1600 E MAIN ST STE B SAINT CHARLES, IL 60174 PD MCARDLE, DAVID A 4051 E MAIN ST ST. CHARLES, IL 60174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V DEWHIRST, NED E POB 366879 BONITA SPRINGS, FL 34136 V DE SALVIO, ANDREW P				NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE	PO BOX 366879 BONITA SPRINGS, FL 34136				

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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