2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90077 021 ***150.00

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1. Entity Name
JMB/NORTHERN REAL ESTATE FUND, INC.

Principal Place of Business	Mailing Address
180 N LASALLE ST SUITE 3400 CHICAGO, IL 60601 US	180 N LASALLE STREET SUITE 3400 CHICAGO, IL 60601 US

03232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
191 N. Wacker Drive	**191 N. Wacker Drive**
Suite, Apt. #, etc. **2500**	Suite, Apt. #, etc. **2500, c/o Gail Carey**
City & State **Chicago, Illinois**	City & State **Chicago, Illinois**
Zip **60606** Country **USA**	Zip **60606** Country **USA**

4. FEI Number 36-3652846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CLAEYS, JEROME J III 180 N LASALLE STREET CHICAGO, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOGNARELLI, MAURY R 180 N LASALLE STREET CHICAGO, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP MCCARTHY, THOMAS D 180 N LASALLE STREET CHICAGO, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DEVP** ☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS CAREY, GAIL 180 N LASALLE STREET CHICAGO, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ROGER E 180 N LASALLE STREET CHICAGO, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP ODLAND, SUSAN K 180 N LASALLE STREET CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **191 N. Wacker Dr., Suite 2500** **Chicago, IL 60606**	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Susan K. Odland **Susan K. Odland, AVP** 03/30/04 **(312) 541-6769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #