

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 # F94000001009 (9)

1. Corporation Name

BALCOR REALTY PARTNERS-V, INC.



Principal Place of Business

Mailing Address

2355 WAUKEGAN RD.  
STE 200A  
BANNOCKBURN IL 60015  
US

2355 WAUKEGAN RD.  
SUITE A200  
BANNOCKBURN IL 60015  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

36-3231935

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

500001792995

84 City

04/24/96-01067-017

85 Zip Code

\*\*\*200.00

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MEADOR, THOMAS E  
STREET ADDRESS 2355 WAUKEGAN RD., STE A200  
CITY-ST-ZIP BANNOCKBURN IL

TITLE ☒ DELETE

NAME EVP WOOD, ALLAN  
STREET ADDRESS 2355 WAUKEGAN ROAD, STE A200  
CITY-ST-ZIP BANNOCKBURN IL

TITLE ☐ DELETE

NAME SVP DARRAGH, ALEXANDER J  
STREET ADDRESS 2355 WAUKEGAN ROAD, STE A200  
CITY-ST-ZIP BANNOCKBURN IL

TITLE ☒ DELETE

NAME SV DUHIG, DANIEL A  
STREET ADDRESS 2355 WAUKEGAN RD., STE A200  
CITY-ST-ZIP BANNOCKBURN IL

TITLE ☐ DELETE

NAME SV PARKER, BRIAN D  
STREET ADDRESS 2355 WAUKEGAN ROAD, STE A200  
CITY-ST-ZIP BANNOCKBURN IL

TITLE ☐ DELETE

NAME VPS OGLE, JERRY M  
STREET ADDRESS 2355 WAUKEGAN ROAD, STE A200  
CITY-ST-ZIP BANNOCKBURN IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 file this report as required by Chapter 637, 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

JERRY M. OGLE  
Vice President and Secretary

Date:

Daytime Phone #

4-19-96

(847) 267-1600

CR2E034 (12/95)