

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90229 047 \*\*\*150.00

DOCUMENT # F96000006065

1. Corporation Name

BRAUVIN NET LEASE V, INC.



Principal Place of Business

30 NORTH LASALLE STREET  
SUITE 3100  
CHICAGO IL 60602  
US

Mailing Address

30 NORTH LASALLE STREET  
SUITE 3100  
CHICAGO IL 60602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

36-3913066

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME BRAULT, JEROME J

STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100

CITY-ST-ZIP CHICAGO IL 60602

TITLE DVS ☐ DELETE

NAME BRAULT, JAMES L.

STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100

CITY-ST-ZIP CHICAGO IL 60602

TITLE CFO ☒ DELETE

NAME AYNESAZIAN, B ALLEN

STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100

CITY-ST-ZIP CHICAGO IL 60602

TITLE D ☐ DELETE

NAME NELSON, KENNETH S

STREET ADDRESS 150 S WACKER DR #3200

CITY-ST-ZIP CHICAGO IL 60606

TITLE D ☐ DELETE

NAME ZWEIG, HUGH

STREET ADDRESS 227 W MONROE ST #3900

CITY-ST-ZIP CHICAGO IL 60606

TITLE D ☐ DELETE

NAME KOBUS, GREGORY S

STREET ADDRESS 208 OAK CREEK PLAZA, PO BOX 1029

CITY-ST-ZIP MUNDELEIN IL 60060

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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Jerome J. Brault

4/21/99 (312) 759-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)