2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # F96000006065 1. Entity Name BRAUVIN NET LEASE V, INC. 03-27-2002 90094 018 ***150.00 Principal Place of Business Mailing Address 30 NORTH LASALLE STREET 30 NORTH LASALLE STREET SUITE 3100 **SUITE 3100** CHICAGO IL 60602 CHICAGO IL 60602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3913066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP CR2E034 (9/01) TITLE TITLE ☐ Delete ☐ Change ☐ Addition BRAULT, JEROME J NAME MAME STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRAULT, JAMES L. NAME STREET ADDRESS STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 TITLE CFO. Delete TITLE ☐ Change ☐ Addition MURPHY, THOMAS E NAME STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NELSON, KENNETH S NAME STREET ADDRESS 150 S WACKER DR #3200 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ZWEIG. HUGH NAME STREET ADDRESS STREET ADDRESS 227 W MONROE ST #3900 CITY-ST-7/P CHICAGO IL 60606 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME KOBUS, GREGORY S NAME STREET ADDRESS 208 OAK CREEK PLAZA, PO BOX 1029 STREET ADDRESS CITY-ST-ZIP **MUNDELEIN IL 60060** CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expressive description.

FILED

Daytime Phone #