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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90036 008 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000002688

1. Corporation Name

LASALLE PARTNERS MANAGEMENT SERVICES, INC.

Principal Place of Business

200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

Mailing Address

200 EAST RANDOLPH DRIVE
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

36-4160760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

31 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME GALBREATH, LIZANNE
STREET ADDRESS 200 EAST RANDOLPH DRIVE
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE PD
NAME ESLE, CHARLES K
STREET ADDRESS 200 E RANDOLPH DR
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE S
NAME SULLIVAN, WILLIAM E
STREET ADDRESS 200 E RANDOLPH DR
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE VT
NAME HAKE, BRIAN P
STREET ADDRESS 200 EAST RANDOLPH DRIVE
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE V
NAME HAGAN, ROBERT K
STREET ADDRESS 200 EAST RANDOLPH DRIVE
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE DM
NAME WORKS, ROBERT F
STREET ADDRESS 200 EAST RANDOLPH DRIVE
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert K. Hagan

1/7/99

Date

(312)782-5800

Daytime Phone #

CR2E034 (1/98)