2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 08:00 AM Secretary of State

DOCL	JMENT	# F98	იიიიი	11926
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1. Entity Name

LASALLE ORLANDO SOUTHWEST, INC.



Principal Place of Business

LANG LASALLE AMERICAS, INC 200 EAST RANDOLPH DRIVE, 72ND FL CHICAGO, IL 60601 Mailing Address

LANG LASALLE AMERICAS, INC 200 EAST RANDOLPH DRIVE, 72ND FL CHICAGO, IL 60601



DO NOT WRITE IN THIS SPACE

 04202005
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 36-4219744
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE				
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renatating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ng 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TÓRS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAWSON, ERICK 200 E RANDOLPH DRIVE CHICAGO, IL 60601						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDGE, WADE 200 E. RANDOLPH CHICAGO, IL 60601				05/06/05-80039-002 150.00		
TITLE NAME STREET ADDRESS CITY ST-ZIP	D THURBER, LYNN C 200 E. RANDOLPH CHICAGO, IL 60601			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD SCHAFF, PETER H 200 E. RANDOLPH CHICAGO, IL 60601			IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODROW, KIMBALL C 200 E. RANDOLPH CHICAGO, IL 60601						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASIONOWSKI, JAMES S 200 E RANDOLPH DRIVE CHICAGO, IL 60601	· -·· · · · · · · · · · · · · · · · · ·		The state of the s			
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the exemp	tion stated	i in Section 119.07(3)	(i), Florida Statutes. I further certify that the information		

12. I hereby certify that the information supplied with this hing 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 cath; that I am 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

312-228-2778

Daytime Phone #