

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90132 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002286

1. Corporation Name
INLAND REAL ESTATE ACQUISITIONS, INC.

Principal Place of Business 2901 BUTTERFIELD RD. OAK BROOK IL 60523	Mailing Address 2901 BUTTERFIELD RD. OAK BROOK IL 60523
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 no change		2a. Mailing Address 26 no change		3. Date Incorporated or Qualified 04/22/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 36-3614035	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75* Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
no change

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	COSENZA, G. JOSEPH	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TREONIS, NORBERT	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KREMIN, ALAN F	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDERS, STEVEN D	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUILICI, LOUIS	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAUTZ, KAREN	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL 60523	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William W. Anderson	
1.3 STREET ADDRESS	2901 Butterfield Rd.	
1.4 CITY-ST-ZIP	Oak Brook, IL 60523	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanders, Steven D.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: By: Joseph Cosenza **REQUIRED** Joseph Cosenza, President 2/4/99 (630) 218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)