

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90448 043 ***150.00

DOCUMENT # F98000006597

1. Entity Name
INLAND RETAIL REAL ESTATE TRUST, INC.

Principal Place of Business Mailing Address
2901 BUTTERFIELD RD 2901 BUTTERFIELD RD
OAK BROOK IL 60523 OAK BROOK IL 60523

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-4246656** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LAZARUS, BARRY L**
 CITY-ST-ZIP **1435 TAMARACK WAY**
ALPHARETTA GA 30005

TITLE ☒ Change ☐ Addition
 NAME **PD/Treasurer**
 STREET ADDRESS **Lazarus, Barry L.**
 CITY-ST-ZIP **555 Sun Valley Drive, Suite N3B**
Roswell, GA 30076

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **ORTICELLI, SAMUEL A**
 CITY-ST-ZIP **5623 FAIRVIEW AVE**
DOWERS GROVE IL 60516

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Wilton, Scott W.**
 CITY-ST-ZIP **2901 Butterfield Road**
Oak Brook, IL 60523

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PARKS, ROBERT D**
 CITY-ST-ZIP **3701 MADISON STREET**
OAK BROOK IL 60523

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Rosenthal, Michael S.**
 CITY-ST-ZIP **2901 Butterfield Road**
Oak Brook, IL 60523

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEIGHAN, DANIEL K**
 CITY-ST-ZIP **14 EMARITA WAY**
STUART FL 34996

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Masick, Kenneth E.**
 CITY-ST-ZIP **2901 Butterfield Road**
Oak Brook, IL 60523

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MATLIN, ROBERTA S**
 CITY-ST-ZIP **2901 BUTTERFIELD ROAD**
OAK BROOK IL 60523

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Sanders, Steven D.**
 CITY-ST-ZIP **14497 N. Dale Mabry Hwy. #165**
Tampa, FL 33618

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 trustee 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 empowered.

SIGNATURE: By: [Signature] Secretary 4/19/01 (630) 218-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)