

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90007 023 \*\*\*550.00

**DOCUMENT # F99000001061**

1. Entity Name  
**BRAUVIN CAPITAL TRUST, INC.**



Principal Place of Business

**30 N. LASALLE STREET  
SUITE 3100  
CHICAGO, IL 60602**

Mailing Address

**30 N. LASALLE STREET  
SUITE 3100  
CHICAGO, IL 60602**

**24077928**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

07282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**36-4215348**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BRAULT, JAMES L**  
STREET ADDRESS **30 N. LASALLE, STE 3100**  
CITY-ST-ZIP **CHICAGO, IL**

TITLE **CD** ☐ Delete  
NAME **BRAULT, JEROME J**  
STREET ADDRESS **30 N. LASALLE, STE 3100**  
CITY-ST-ZIP **CHICAGO, IL**

TITLE **ST** ☐ Delete  
NAME **MURPHY, THOMAS**  
STREET ADDRESS **30 N. LASALLE, STE 3100**  
CITY-ST-ZIP **CHICAGO, IL**

TITLE **D** ☐ Delete  
NAME **WEAVER, K J**  
STREET ADDRESS **30 N. LASALLE, STE 3100**  
CITY-ST-ZIP **CHICAGO, IL**

TITLE **D** ☒ Delete  
NAME **BROWMAN, BARBARA**  
STREET ADDRESS **30 N LASALLE STE 3100**  
CITY-ST-ZIP **CHICAGO, IL 60602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **CORNELIA BUCKLEY**  
STREET ADDRESS **30 NORTH LASALLE STREET, SUITE 3100**  
CITY-ST-ZIP **CHICAGO, IL 60602**

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

12. 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 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

Date

Daytime Phone #

7/29/04