

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90043 041 ***150.00

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

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 **36-4215348**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAULT, JAMES L	
STREET ADDRESS	30 N. LASALLE, STE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BRAULT, JEROME J	
STREET ADDRESS	30 N. LASALLE, STE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURPHY, THOMAS	
STREET ADDRESS	30 N. LASALLE, STE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, K J	
STREET ADDRESS	30 N. LASALLE, STE 3100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOON, TAE-SIK	
STREET ADDRESS	30 NORTH LASALLE STE 3100	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWMAN, BARBARA	
STREET ADDRESS	30 N LASALLE STE 3100	
CITY-ST-ZIP	CHICAGO IL 60602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Brault

Date

Daytime Phone #

1/16/03

CR2E034 (10/02)