FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17291** **(6)**

1. Corporation Name
BRAUVIN REALTY ADVISORS, INC.

Principal Place of Business
150 S. WACKER DRIVE
SUITE 3200
CHICAGO IL 60606

Mailing Address
150 S. WACKER DRIVE
SUITE 3200
CHICAGO IL 60606

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 36-3486212 ~~36-3580152~~ ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent Signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director, Chairman, President	XX Change ☐ Addition
NAME	BRAULT, JEROME J.		1.2 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	~~SD~~	XX DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~XFROELICH,CESARM.~~		2.2 NAME		
STREET ADDRESS	~~444 N. MICHIGAN AVE.~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO IL~~		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COORSH, T~~OM~~		3.2 NAME	Coorsh, Thomas	
STREET ADDRESS	~~150 S. WALKER DR. STE. 3200~~		3.3 STREET ADDRESS	150 S. Wacker Dr., Ste. 3200	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Chicago, IL	
TITLE	~~VP~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MAX,RONALD T.~~		4.2 NAME		
STREET ADDRESS	~~150 S. WACKER DR. STE. 3200~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO IL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Vice President, Secretary	☒ Change ☐ Addition
NAME	BRAULT, JAMES L.		5.2 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jerome J. Brault, 4/23/96 312-443-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)