

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36929 (8)

1. Corporation Name

HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS, INC.



Principal Place of Business

Mailing Address

180 N LASALLE STREET
CHICAGO IL 60601
US

180 N LASALLE STREET
CHICAGO IL 60601
US

3. Date Incorporated or Qualified

12/30/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

36-3590448

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 one of applicants

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME CLAEYS, JEROME J., III
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DC
NAME PERLMUTTER, STEPHEN M
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DP
NAME WURTZBACH, CHARLES H
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE T
NAME SMITH, ROGER E
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE MDS
NAME NOELL, JOHN W.
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE AS
NAME CAREY, GAIL
STREET ADDRESS 180 N LASALLE STREET
CITY-ST-ZIP CHICAGO IL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GAIL CAREY, ABLE TO SIGN SECRETARY

(312) 541-6767

Doc.

Daytime Phone

CR2E034 (3/96)