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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 180 N LASALLE STREET
CHICAGO IL 60601 CHICAGO IL 60601-2501
US US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.	26 c/o Gail Carey	12/30/1991	07/31/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	36-3590448	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CD CLAEYS, JEROME J., III 180 N LASALLE STREET CHICAGO IL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DC PERLMUTTER, STEPHEN M 180 N LASALLE STREET CHICAGO IL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO WURTZBACH, CHARLES H 180 N LASALLE STREET CHICAGO IL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP T SMITH, ROGER E 180 N LASALLE STREET CHICAGO IL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MDS NOELL, JOHN W. 180 N LASALLE STREET CHICAGO IL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP AS CAREY, GAIL 180 N LASALLE STREET CHICAGO IL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 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: Gail Carey Gail Carey, Assistant V.P. 3/6/97 (312) 541-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day: the Month: #

CR2E034 (9/96)