

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 007 ***150.00

DOCUMENT # P98000026715

1. Entity Name
INLAND SOUTHEAST ACQUISITIONS CORP.

Principal Place of Business Mailing Address
2901 BUTTERFIELD ROAD 2901 BUTTERFIELD ROAD
OAK BROOK IL 60523 OAK BROOK IL 60523

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		36-4218192		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1204 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUJRAL, BRENDA	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, PAUL J	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, CATHERINE L	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUJRAL, BRENDA	NAME	
STREET ADDRESS	2901 BUTTERFIELD RD	STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL 60523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, PAUL J	NAME	
STREET ADDRESS	2901 BUTTERFIELD RD	STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL 60523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, CATHERINE L	NAME	
STREET ADDRESS	2901 BUTTERFIELD RD	STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL 60523	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE L. LYNCH 1/10/02 630 218 8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)