

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000026715

1. Entity Name  
INLAND SOUTHEAST ACQUISITIONS CORP.



Principal Place of Business  
2901 BUTTERFIELD ROAD  
OAK BROOK, IL 60523

Mailing Address  
2901 BUTTERFIELD ROAD  
OAK BROOK, IL 60523



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4218192  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000868525  
04/09/08-80011-016 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GUJRAL, BRENDA  
2901 BUTTERFIELD ROAD  
OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WHEELER, PAUL J  
2901 BUTTERFIELD ROAD  
OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
LYNCH, CATHERINE L  
2901 BUTTERFIELD ROAD  
OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUJRAL, BRENDA  
2901 BUTTERFIELD RD  
OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHEELER, PAUL J  
2901 BUTTERFIELD RD  
OAK BROOK, IL 60523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LYNCH, CATHERINE L  
2901 BUTTERFELD RD  
OAK BROOK, IL 60523

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Date

(630) 218-8000

Daytime Phone #