## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000085317

1. Corporation Name

INLAND SOUTHEAST MERCHANTS SQUARE INVESTMENT COR **PORATION** 

Prin	cipal Place of Business	
	BUTTERFIELD RD.	

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90205 032 \*\*\*150.00



2901 BUTTERFIE DAK BROOK IL		2901 BUTTERFIELD RD. OAK BROOK IL 60523				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 10/05/1998				
2. Principal Pl	lace of Business	2a. Mailing Addres	s			4. FEI Number		Applied For		
1		26				36-4252811		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certifcate of Status Desired	-	75 Additional e Required		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees		
Zip	Country 25	Zip	Cou	ntry		This corporation owes the current year In     Personal Property Tax.	tangible	INO		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
CT C	CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND RD. PLANTATION FL 33324				82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City	Fl	85	Zip Code		
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the a	bove	-named corp	oration submits this statement for the purpose o	fchangin	g 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 a	m familiar with, and accept the obligations of	, Section 607.0505, Fione	ia Statutes.		•		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: F	Registered Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRI		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	Ď	☐ DELETE	1.1 TITLE	President (P)	Change	K Addition	
NAME	COSENZA, G. JOSEPH		1.2 NAME	G. Joseph Cosenza			
STREET ADDRESS	AGGA BUTTTEDEIELD DD		1.3 STREET ADDRESS	2901 Butterfield Road			
CITY-ST-ZIP	OAK BROOK IL 60523		1.4 CITY-ST-ZIP	Oak Brook, IL 60523			
TITLE	D	☐ ĐELETE	2.1 TITLE	VP	☐ Change	Addition	
NAME	PARKS, ROBERT D		2.2 NAME	Steven D. Sanders			
STREET ADDRESS	2901 BUTTERFIELD RD.		2.3 STREET ADDRESS	2901 Butterfield Road			
CITY-ST-ZIP	OAK BROOK IL 60523		2.4 CITY-ST-ZIP	Oak Brook, IL 60523			
TITLE	D	☐ OELETE	3.1 TITLE	TS	Change	X Addition	
NAME	KREMIN, ALAN		3.2 NAME	Alan F. Kremin			
STREET ADDRESS	2901 BUTTERFIELD RD.		3.3 STREET ADDRESS	2901 Butterfield Road	•		
CITY-ST-ZIP	OAK BROOK IL 60523		3.4. CITY-ST-ZIP .	Oak Brook, IL 60523			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE: