

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213529424

1.) CORPORATION NAME:

SMITH REALTY COMPANY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1180704**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Two North Riverside Plaza
SUITE 400

CITY/ST/ZIP: CHICAGO, IL 60606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Kevin OShea	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	TWO NORTH RIVERSIDE PLAZA STE. 400		
CITY/ST/ZIP/CO:	SUITE 400 CHICAGO, IL 60606		

NAME:	Michelle LaPelle	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	TWO NORTH RIVERSIDE PLAZA, SUITE 400		
CITY/ST/ZIP/CO:	Chicago, IL 60606		

NAME:	Mark Parrell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 Chicago, IL 60606		

NAME:	Joanne Lockridge	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 Chicago, IL 60606		

NAME:	Robert Garechana	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	SUITE 400 Chicago, IL 60606		

NAME:	Edward Schulman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
	SUITE 400		
CITY/ST/ZIP/CO:	Chicago, IL 60606		

NAME:	Bruce Strohm	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TWO N. RIVERSIDE PLAZA		
	SUITE 400		
CITY/ST/ZIP/CO:	Chicago, IL 60606		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Michelle LaPelle	Michelle LaPelle, SECRETARY	6/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.