


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004825
1. Entity Name
MESIROW INSURANCE SERVICES, INC.



Principal Place of Business: 321 N. CLARK ST. CHICAGO, IL 60610
Mailing Address: 321 N. CLARK ST. CHICAGO, IL 60610

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number: 36-3429604 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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TYREE, JAMES C
STREET ADDRESS	350 N. CLARK ST.
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	DP
NAME	PRICE, RICHARD S
STREET ADDRESS	321 N. CLARK ST.
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	S
NAME	BUSSCHER, A. BRAD
STREET ADDRESS	321 N. CLARK ST.
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	T
NAME	PASKVAN, KRISTIE P
STREET ADDRESS	321 N. CLARK ST.
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: A. Brad Busscher 2-17-05 (312) 595-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: A. Brad Busscher, Exec VP/Secretary Date: Daytime Phone #