

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

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**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90030 007 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000000279**

1. Corporation Name  
**MHC-QRS TWO, INC.**



Principal Place of Business	Mailing Address
C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA. #1600 CHICAGO IL 60606	C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA. #1600 CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	01/15/1998
Suite, Apt. #, etc.		27	4. FEI Number
		28	36-4200844
City & State		29	Applied For
		30	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY RD. TALLAHASSEE FL 32311		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELL, SAMUEL	1.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HOWARD	2.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	
TITLE	VDCE <input type="checkbox"/> DELETE	3.1 TITLE	EVP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENEGHAN, THOMAS P JR	3.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE	D/AS/EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, ELLEN	4.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	5.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARING, RUTH	6.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	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.

CR2E034-141/98