

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90084 039 \*\*\*150.00

0587603

**DOCUMENT # F98000000279**

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

**00004812**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA. #1600 CHICAGO IL 60606	Mailing Address C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA. #1600 CHICAGO IL 60606
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2. Principal Place of Business c/o Jennifer Usher Suite, Apt. #, etc. 2 N. Riverside Plaza #800	3. Mailing Address c/o Jennifer Usher Suite, Apt. #, etc. 2 N. Riverside Plaza #800
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City & State Chicago, IL	City & State Chicago, IL
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4. FEI Number <b>36-4200844</b>	Applied For Not Applicable
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Zip 60606	Country US	Zip 60606	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY RD. TALLAHASSEE FL 32311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC ZELL, SAMUEL 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WALKER, HOWARD 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO D Walker, Howard 2 N. Riverside Plaza Chicago, IL 60606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD HENEGHAN, THOMAS P JR 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Heneghan, Thomas P. Jr. 2 N. Riverside Plaza Chicago, IL 60606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSEV KELLEHER, ELLEN 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FELL, DAVID 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARING, RUTH 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Zoeller, John 2 N. Riverside Plaza Chicago, IL 60606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *By: David W. Fell* **DAVID FELL, Secretary** 01/04/01 312 279-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)