

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000279

FILED
Jan 08, 2010
Secretary of State

Entity Name: MHC-QRS TWO, INC.

Current Principal Place of Business:

2 N. RIVERSIDE PLAZA, #800
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

2 N. RIVERSIDE PLAZA, #800
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4200844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC
Name: ZELL, SAMUEL
Address: 2 N. RIVERSIDE PLAZA, #600
City-St-Zip: CHICAGO, IL 60606

Title: PD
Name: HENEGHAN, THOMAS P
Address: 2 N. RIVERSIDE PLAZA, #800
City-St-Zip: CHICAGO, IL 60606

Title: VT
Name: SEAVEY, PAUL
Address: TWO N RIVERSIDE PLAZA, # 800
City-St-Zip: CHICAGO, IL 60606

Title: DEVP
Name: KELLEHER, ELLEN
Address: 2 N. RIVERSIDE PLAZA, #800
City-St-Zip: CHICAGO, IL 60606

Title: SVP
Name: KROOT, KENNETH A
Address: 2 N. RIVERSIDE PLAZA, #800
City-St-Zip: CHICAGO, IL 60606

Title: DEVP
Name: BERMAN, MICHAEL
Address: TWO N. RIVERSIDE PLAZA #800
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEN KROOT

SVP

01/08/2010

Electronic Signature of Signing Officer or Director

_____ Date