

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90166 040 \*\*\*150.00

0017/51 AV

**DOCUMENT #** F98000000279

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



Principal Place of Business  
**C/O JENNIFER USHER  
2 N. RIVERSIDE PLAZA. #800  
CHICAGO IL 60606**

Mailing Address  
**C/O JENNIFER USHER  
2 N. RIVERSIDE PLAZA. #800  
CHICAGO IL 60606**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LEXIS DOCUMENT SERVICES INC.  
3953 W.W. KELLEY RD.  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name  
**LexisNexis Document Solutions, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**3953 W.W. Kelley Road**

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32311**

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 *David W. Fell* DATE **2-25-03**

Signature, typed or printed name of registered agent and type of applicability (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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	<b>PD HENEGHAN, THOMAS P JR 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD WALKER, HOWARD 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>	<input type="checkbox"/> Delete
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	<b>S FELL, DAVID 2 N. RIVERSIDE PLAZA CHICAGO IL 60606</b>	<input 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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: By: *David W. Fell* RE: **DAVID W. FELL**, Vice President/Secretary 02/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (10/02)