

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002383 (6)

1. Corporation Name
MHC-QRS DEANZA, INC.

Principal Place of Business

% ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA, #1515
CHICAGO IL 60606

Mailing Address

% ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA, #1515
CHICAGO IL 60606-2608



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

03/04/1996

4. FEI Number

36-3968545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HELFAND, DAVID	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	KELLEHER, ELLEN	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M.	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OBUCHOWSKI, SUSAN	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	DVTC	<input type="checkbox"/> DELETE
NAME	HENEGHAN, THOMAS P JR.	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider
Secretary

4/4/97 312-466-3607

Date

Daytime Phone: #

0482407

CR2E034 (9/96)