

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000272

1. Entity Name

MHC-BAY INDIES VISTAS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90004 032 ***150.00

Principal Place of Business C/O ANN SCHNEIDER 2 NORTH RIVERSIDE PL., 31600 CHICAGO IL 60606	Mailing Address C/O ANN SCHNEIDER 2 NORTH RIVERSIDE PL., 31600 CHICAGO IL 60606-2600
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2. Principal Place of Business c/o Jennifer Usher	3. Mailing Address c/o Jennifer Usher
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State	City & State
Zip	Country



718209

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3931212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DV STONEBRAKER, KELLY 2 N. RIVERSIDE PLAZA CHICAGO IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP-T Obuchowski, Susan 2 N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GREENBERG, ARTHUR A 2 N. RIVERSIDE PLAZA CHICAGO IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P Greenberg, Arthur A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHIPPS, JAMES 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pultorek, Judy 2 N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNEIDER, ANN M 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Schultz, Jenny 2 N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOSFELD, MARLENE C 2 N. RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP-S Usher, Jennifer 2 N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIBENTRITT, DONALD J 2 N. RIVERSIDE PLAZA CHICAGO IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Jennifer Usher **Jennifer Usher/Secretary** 4/12/00 312/279-1436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)