FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 13 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/15/95--01024--024
****225.00 ****225.00

DOCUMENT # **F94000005582 (1)**

1. Corporation Name
MHC SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606	C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: ~~APPLIED FOR~~ 36-3983600 ☐ 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.
1201 HAYS 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DGEO~~	1.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	~~ROWE, RANDALL K~~	1.2 NAME	Ann M. Schneider	
STREET ADDRESS	~~2 N. RIVERSIDE PLAZA~~	1.3 STREET ADDRESS	2 N. Riverside Plaza	
CITY-ST-ZIP	~~CHICAGO IL 60606~~	1.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	TD	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	SPECTOR, GERALD	2.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP		
TITLE	DC	3.1 TITLE		☐ Change ☐ Addition
NAME	ZELL, SAMUEL	3.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	HELFAND, DAVID	4.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP		
TITLE	VSD	5.1 TITLE	Sr. VP/Asst Secy / Director	☒ Change ☐ Addition
NAME	KELLEHER, ELLEN	5.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP		
TITLE	PCOO	6.1 TITLE	Director / COO	☒ Change ☐ Addition
NAME	MCCABE, BARRY	6.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/8/95 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ann M. Schneider, Asst. Secretary 3-11-95

0388400 CP