

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001457 (9)

1. Corporation Name

MESIROW PARKWAY, INC.



Principal Place of Business

Mailing Address

ATTN: GARRY W. COHEN
350 N. CLARK STREET
CHICAGO IL 60610

ATTN: GARRY W. COHEN
350 N. CLARK STREET
CHICAGO IL 60610

3. Date Incorporated or Qualified **03/27/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number **36-4014651**
APPLIED FOR

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

10. Name and Address of New Registered Agent

PAPPAS, M. LYNN
C/O PAPPAS, METCALF & JENKS, P.A.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202-4327

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 **PD** ☐ DELETE
NAME **TYREE, JAMES C**
STREET ADDRESS **%MESIROW FINANCIAL, 350 NORTH CLARK, #350**
CITY-ST-ZIP **CHICAGO IL 60610**

TITLE **VAS** ☐ DELETE
NAME **COHEN, GARRY W**
STREET ADDRESS **%MESIROW FINANCIAL, 350 NORTH CLARK, #350**
CITY-ST-ZIP **CHICAGO IL 60610**

TITLE **SD** ☐ DELETE
NAME **HANNENBERG, RUTH C**
STREET ADDRESS **%MESIROW FINANCIAL, 350 NORTH CLARK, #350**
CITY-ST-ZIP **CHICAGO IL 60610**

TITLE **D** ☒ DELETE
NAME **BLACK, DENNIS B**
STREET ADDRESS **%GOLDBERG, KOHN, ETAL, 55 E. MONROE ST, 3700**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/O** ☒ Change ☐ Addition
1.2 NAME **Tyree, James C.**
1.3 STREET ADDRESS **%Mesirow Financial, 350 N Clark St.**
1.4 CITY-ST-ZIP **Chicago IL 60610**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S/D/M** ☒ Change ☐ Addition
3.2 NAME **Hannenberg, Ruth C.**
3.3 STREET ADDRESS **%Mesirow Financial, 350 N. Clark St.**
3.4 CITY-ST-ZIP **Chicago IL 60610**

4.1 TITLE **CFO/AS** ☐ Change ☒ Addition
4.2 NAME **Slusarczyk, Eve M.**
4.3 STREET ADDRESS **%Mesirow Financial, 350 N. Clark St.**
4.4 CITY-ST-ZIP **Chicago IL 60610**

5.1 TITLE **P/D** ☐ Change ☒ Addition
5.2 NAME **Young, Bruce J.**
5.3 STREET ADDRESS **%Mesirow Financial, 350 N Clark St.**
5.4 CITY-ST-ZIP **Chicago, IL 60610**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/16/96 (312) 595-6239

Date

Daytime Phone

CR2E034 (12/95)