

**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

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 36-4014651 <b>APPLIED FOR</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, JAMES C	1.2 NAME	Tyree, James C.
STREET ADDRESS	%MESIROW FINANCIAL, 350 NORTH CLARK, #350	1.3 STREET ADDRESS	%Mesirow Financial, 350 N Clark St.
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	Chicago IL 60610
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GARRY W	2.2 NAME	
STREET ADDRESS	%MESIROW FINANCIAL, 350 NORTH CLARK, #350	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S/D/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNENBERG, RUTH C	3.2 NAME	Hannenberg, Ruth C.
STREET ADDRESS	%MESIROW FINANCIAL, 350 NORTH CLARK, #350	3.3 STREET ADDRESS	%Mesirow Financial, 350 N. Clark St.
CITY-ST-ZIP	CHICAGO IL 60610	3.4 CITY-ST-ZIP	Chicago IL 60610
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CFO/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, DENNIS B	4.2 NAME	Slusarczyk, Eve M.
STREET ADDRESS	%GOLDBERG, KOHN, ETAL, 55 E. MONROE ST, 3700	4.3 STREET ADDRESS	%Mesirow Financial, 350 N. Clark St.
CITY-ST-ZIP	CHICAGO IL 60603	4.4 CITY-ST-ZIP	Chicago IL 60610
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Young, Bruce J.
STREET ADDRESS		5.3 STREET ADDRESS	%Mesirow Financial, 350 N Clark St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)