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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address
ATTN: GARRY W. COHEN
350 N. CLARK STREET
CHICAGO IL 60610-4712

3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 36-4014651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TYREE, JAMES C	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	COHEN, GARRY W	
STREET ADDRESS	%MESIROW FINANCIAL, 350 NORTH CLARK, #350	
CITY - ST - ZIP	CHICAGO IL 60610	
TITLE	SDM	<input type="checkbox"/> DELETE
NAME	HANNENBERG, RUTH C.	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST	
CITY - ST - ZIP	CHICAGO IL	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	SLVSARCZYK, EVE M.	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST	
CITY - ST - ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, BRUCE J.	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 CLARK ST	
CITY - ST - ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tyree, Eve M.
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 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: *Ruth C. Hannenberg* Ruth C. Hannenberg 04/24/97 (312) 595-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)