


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1995	
21		28		4. FEI Number 36-4014651	Applied For Not Applicable
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	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, JAMES C	1.2 NAME	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	M/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GARRY W	2.2 NAME	Garry W. Cohen
STREET ADDRESS	%MESIROW FINANCIAL, 350 NORTH CLARK, #350	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	2.4 CITY-ST-ZIP	
TITLE	SDM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNENBERG, RUTH C.	3.2 NAME	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	CFOS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYREE, EVA M.	4.2 NAME	Michael J. Barrett
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 N CLARK ST	4.3 STREET ADDRESS	C/O Mesirow Financial, 350 N. Clark Street
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BRUCE J.	5.2 NAME	
STREET ADDRESS	C/O MESIROW FINANCIAL, 350 CLARK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
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 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* **04/08/98** **(312) 595-6000**

CR2E034 (10/97)