2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # F95000001457 MESIROW PARKWAY, INC. 01-29-2000 90142 025 ***150.00 Principal Place of Business Mailing Address ATTN: GARRY W. COHEN ATTN: GARRY W. COHEN 350 N. CLARK STREET 350 N. CLARK STREET B0010076 CHICAGO IL 60610-4712 CHICAGO IL 60610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-4014651 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAPPAS, M. LYNN Street Address (P.O. Box Number is Not Acceptable) C/O PAPPAS, METCALF & JENKS, P.A. 200 W. FORSYTH ST. JACKSONVILLE FL 32202-4327 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) *** ** ** Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CD. Change ☐ Addition TITLE ☐ Delete TITL F TYREE, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS C/O MESIROW FINANCIAL, 350 N CLARK ST. CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Change TITLE ☐ Addition NAME COHEN, GARRY W %MESIROW FINANCIAL, 350 NORTH CLARK, #350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 TITLE ☐ Change ☐ Addition TITLE ☐ Delete HANNENBERG, RUTH C. NAME NAME STREET ADDRESS C/O MESIROW FINANCIAL, 350 N CLARK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL XX Delete Addition CFO, Treasurer ☐ Change TITI F ZYCK, DONALD J NAME Paskvan, Kristie NAME 350 N. CLALK ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 11 or Block 12 if

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #