

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 025 ***150.00

DOCUMENT # F95000001457

1. Entity 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 60610-4712

80010076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4014651**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	MAS	<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	T	<input checked="" type="checkbox"/> Delete
NAME	ZYCK, DONALD J	
STREET ADDRESS	350 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paskvan, Kristie	
STREET ADDRESS	350 N. Clark St	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Ruth C. Hannenberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

(312) 595-6000

Daytime Phone #