

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90162 034 ***150.00

0667748

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

2. Principal Place of Business
Attn: A. Brad Busscher

3. Mailing Address
Attn: A. Brad Busscher

Suite, Apt. #, etc.
350 N. Clark St.

Suite, Apt. #, etc.
350 N. Clark St.

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number **36-4014651**

Applied For
 Not Applicable

Zip
60610

Country
USA

Zip
60610

Country
USA

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

DO NOT WRITE IN THIS SPACE



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 _____ (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, 2001 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 Delete
 NAME **CD TYREE, JAMES C**
 STREET ADDRESS **C/O MESIROW FINANCIAL, 350 N CLARK ST.**
 CITY-ST-ZIP **CHICAGO IL**

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **A. Brad Busscher**
 CITY-ST-ZIP **350 N. Clark St. Chicago, IL 60610**

TITLE Delete
 NAME **MAS COHEN, GARRY W**
 STREET ADDRESS **%MESIROW FINANCIAL, 350 NORTH CLARK, #350**
 CITY-ST-ZIP **CHICAGO IL 60610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SDM HANNENBERG, RUTH C.**
 STREET ADDRESS **C/O MESIROW FINANCIAL, 350 N CLARK ST**
 CITY-ST-ZIP **CHICAGO IL**

TITLE Change Addition
 NAME **Director**
 STREET ADDRESS **Ruth C. Hannenberg**
 CITY-ST-ZIP **350 N. Clark St Chicago, IL 60610**

TITLE Delete
 NAME **CEOT PASKVAN, KRISTIE**
 STREET ADDRESS **350 N CLARK ST**
 CITY-ST-ZIP **CHICAGO IL 60610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *A. Brad Busscher* **A. Brad Busscher**

3-19-01

(312) 595-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)