

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90112 037 \*\*\*150.00

**DOCUMENT # F95000001457**

1. Entity Name  
**MESIROW PARKWAY, INC.**



Principal Place of Business  
**ATTN: A. BRAD BUSSCHER**  
**350 N. CLARK STREET**  
**CHICAGO IL 60610**

Mailing Address  
**ATTN: A. BRAD BUSSCHER**  
**350 N. CLARK STREET**  
**CHICAGO IL 60610**

**90020514**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>TYREE, JAMES C</b>
STREET ADDRESS	<b>C/O MESIROW FINANCIAL, 350 N CLARK ST.</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<b>MAS</b> <input type="checkbox"/> Delete
NAME	<b>COHEN, GARRY W</b>
STREET ADDRESS	<b>%MESIROW FINANCIAL, 350 NORTH CLARK, #350</b>
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>
TITLE	<b>SDM</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HANNENBERG, RUTH C.</b>
STREET ADDRESS	<b>350 N. CLARK ST.</b>
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>
TITLE	<b>CEOT</b> <input type="checkbox"/> Delete
NAME	<b>PASKVAN, KRISTIE</b>
STREET ADDRESS	<b>350 N CLARK ST</b>
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BUSSCHER, A B</b>
STREET ADDRESS	<b>350 N. CLARK ST.</b>
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Price, Richard S.</b>
STREET ADDRESS	<b>c/o Mesirow Financial 321 N. Clark St.</b>
CITY-ST-ZIP	<b>Chicago, IL 60610</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE RECORDED**  
A. Brad Busscher, Secretary

1-27-03

(312) 595-6000

Date Daytime Phone #

CR2E034 (10/02)