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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002383 (6)**

1. Corporation Name
MHC-QRS DEANZA, INC.

Principal Place of Business	*Mailing Address*
% ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606	% ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606-2808

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/16/1995**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **36-3968545** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N MAGNOLIA ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HELFAND, DAVID	1.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP		
TITLE	DVAS ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLEHER, ELLEN	2.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP		
TITLE	S ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, ANN M.	3.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	AS ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OBUCHOWSKI, SUSAN	4.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	DC ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZELL, SAMUEL	5.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP		
TITLE	DVTC ☐ DELETE	6.1 TITLE	D/VP/T	☒ Change ☐ Addition
NAME	HENEGHAN, THOMAS P JR.	6.2 NAME		
STREET ADDRESS	2 N. RIVERSIDE PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ Ann M. Schneider Secretary 4/4/97 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462407