

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002383

1. Entity Name

MHC-QRS DEANZA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90017 039 ***150.00

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 60606-2608

2. Principal Place of Business

3. Mailing Address

c/o Jennifer Usher

c/o Jennifer Usher

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3968545

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST.
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	WALKER, HOWARD	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606	<input type="checkbox"/>
DEA	KELLEHER, ELLEN	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606	<input type="checkbox"/>
S	SCHNEIDER, ANN M.	2 N. RIVERSIDE PLAZA	CHICAGO IL	<input checked="" type="checkbox"/>
AS	OBUCHOWSKI, SUSAN	2 N. RIVERSIDE PLAZA	CHICAGO IL	<input checked="" type="checkbox"/>
DC	ZELL, SAMUEL	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606	<input type="checkbox"/>
DET	HENEGHAN, THOMAS P JR.	2 N. RIVERSIDE PLAZA	CHICAGO IL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
S	Fell, David W.	2 N. Riverside Plaza, Ste. 800	Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: By David W. Fell
David W. Fell, Secretary

3/8/00

Date

312/279-1400

Daytime Phone #

CR2E034 (9/99)