FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000002749 (8)**

1. Corporation Name
MHC-QRS BAY INDIES, INC.

Principal Place of Business
2 N. RIVERSIDE PLAZA. #1515
CHICAGO IL 60606

Mailing Address
2 N. RIVERSIDE PLAZA. #1515
CHICAGO IL 60606

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: c/o Ann Schneider
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 2 N. Riverside Plaza #1515
City & State — 23:
City & State — 28: Chicago, IL
Zip — 24:
Country — 25:
Zip — 29: 60606
Country — 30: USA

4. FEI Number: 36-3931211 — 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
*1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 _____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HELFAND, DAVID	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	SD	☐ DELETE
NAME	KELLEHER, ELLEN	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DCEO	☒ DELETE
NAME	MCCABE, BARRY	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	☒ DELETE
NAME	SPECTOR, GERALD	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DCEO	☐ DELETE
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VTCE	☐ DELETE
NAME	HENEGHAN, THOMAS P JR	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, #1515	
CITY-ST-ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SASD	☒ Change ☐ Addition
2.2 NAME	Kelleher, Ellen	
2.3 STREET ADDRESS	2 N. Riverside Plaza	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Schneider, Ann M.	
3.3 STREET ADDRESS	2 N. Riverside Plaza	
3.4 CITY-ST-ZIP	Chicago, IL 60606	
4.1 TITLE	Obuchowski, Susan	☐ Change XX Addition
4.2 NAME	2 N. Riverside Plaza	
4.3 STREET ADDRESS	Chicago, IL 60606	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVTCFO	☒ Change ☐ Addition
6.2 NAME	Heneghan, Thomas P. Jr.	
6.3 STREET ADDRESS	2 N. Riverside Plaza	
6.4 CITY-ST-ZIP	Chicago, IL 60606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 2/5/96 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ann M. Schneider, Secretary

CR2E034 (12/95)