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FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

C/O ANN SCHNEIDER  
2 N. RIVERSIDE PLAZA #1515  
CHICAGO IL 60606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HELFAND, DAVID  
STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1515  
CITY-ST-ZIP CHICAGO IL 60606 ☒ DELETE

1.1 TITLE D/P  
1.2 NAME Walker, Howard  
1.3 STREET ADDRESS 2 N. Riverside Plaza  
1.4 CITY-ST-ZIP Chicago, IL 60606 ☐ Change ☒ Addition

TITLE SVPD  
NAME KELLEHER, ELLEN  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

2.1 TITLE EVP/D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S  
NAME SCHNEIDER, ANN M.  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME OBUCHOSKI, SUSAN  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

4.1 TITLE  
4.2 NAME Obuchowski, Susan  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DCEO  
NAME ZELL, SAMUEL  
STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1515  
CITY-ST-ZIP CHICAGO IL 60606 ☐ DELETE

5.1 TITLE D/C  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DVPT  
NAME HENEGHAN, THOMAS P JR  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

6.1 TITLE D/EVP  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

14. 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 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:

APR 13 1998

312-466-3607

CR2E034 (10/97)