

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90030 004 \*\*\*150.00

DOCUMENT # F95000002749

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 c/o Ann M. Schneider

27 Suite, Apt. #, etc.

27 2 N. Riverside Plaza, #1600

28 City & State

28 Chicago, IL 60606

29 Zip

Country

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 the current year Intangible  
Personal Property Tax. ☐ 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 title 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 ☐ DELETE  
NAME WALKER, HOWRD  
STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1515  
CITY-ST-ZIP CHICAGO IL 60606

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Walker, Howard  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/22/99

312-466-3607

CR2E034 (1/1/98)