2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F95000002749 1. Entity Name MHC-QRS BAY INDIES, INC. Principal Place of Business Mailing Address C/O JENNIFER USHER 2 N. RIVERSIDE PLAZA. #1515 2 NORTH RIVERSIDE PLAZA. #1600 C/O JENNIFER USHER CHICAGO IL 60606 CHICAGO IL 60606

FILED Jan 23, 2001 8:00 am Secretary of State

01-23-2001 90037 048 ***150.00



2. Principal Place of Business 2. O Jennifer Usher 2. N. Riverside Plaza #800 3. Mailing Address 2. Suite, Appl. #800 3. Mailing Address 2. Suite, Appl. #800 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Suite, Appl. #800 3. N. Riverside Plaza #800 3. N. Riverside Plaza #800 3. Fell Number 36-3931211 3. Applied For Not Applicable Applicable Applied For Not Applicable Applicable Applied For Not Applicable Applied For Not Applicable Applied For Not Address of Not Add
Suite, Apt. #, etc. 2 N Riverside Plaza #800 City & State Chicago, IL 60606 City & State Chicago, IL 60606 Zip Country US Country US Street Address of Current Registered Agent The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and life if applicable. Note: Required Agent signature required when remistating) File Now!!! FEE IS \$150.00 Make Check Payable to Department of State Name File Now.!! FEE IS \$150.00 Make Check Payable to Department of State Name VALKER, HOWARD NAME WALKER, HOWARD VALKER, HOWA
Suite, Apt. #, etc. 2 N Riverside Plaza #800 Suite, Apt. #, etc. 2 N Riverside Plaza #800 Suite, Apt. #, etc. 2 N Riverside Plaza #800 Chicago, IL 60606 Chic
Chicago, IL 60606
Chicago, IL 60606
US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 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, bread or printed name of registered agent and life if applicable. NOTE: Registered Agent signature required when rematating) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD WALKER, HOWARD MAKE WALKER, HOWARD SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRECT ADDRESS CITY-ST-ZIP CITY-
6. Name and Address of Current Registered Agent The Address of Current Registered Agent The Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 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 9. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE D CEO MAKER, HOWARD SIREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP CH
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 City 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, hyped or printed name of registered agent and life if applicable. NOTE: Registered Agent signature required when remarking) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD WALKER, HOWARD STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 Delete TITLE EVOS Delete NAME KELLEHER, ELLEN STREET ADDRESS CITY-ST-ZIP CHICAGO IL
Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 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) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees State Sta
TALLAHASSEE FL 32311 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 reinstaling) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to dos. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MAKE, HOWARD SIREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 TITLE EVDS RET ADDRESS CITY-ST-ZIP CHICAGO IL CHIC
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 life if applicable. (NOTE: Registered Agent signature required when reinstating) OATE
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) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TITLE PD THE TITLE PD THE THE THE THE THE THE THE TH
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MALKER, HOWARD STREET ADDRESS CITY-ST-ZIP CHICAGO IL KELLEHER, ELLEN SIRVERSIDE PLAZA CHICAGO IL CHICAGO
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD MALKER, HOWARD STREET ADDRESS CITY-ST-ZIP CHICAGO IL KELLEHER, ELLEN SIRVERSIDE PLAZA CHICAGO IL CHICAGO
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME WALKER, HOWARD STREET ADDRESS CITY-ST-ZIP TITLE EVDS NAME KELLEHER, ELLEN 2 N. RIVERSIDE PLAZA CHICAGO IL CHICA
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IITLE PD WALKER, HOWARD STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 TITLE EVDS CITY-ST-ZIP CHICAGO IL STREET ADDRESS CITY-ST-ZIP CHICAGO IL C
Make Check Payable to Department of State
11. OFFICERS AND DIRECTORS IN 11 ITITLE PD
TITLE PD Delete TITLE D CEO TO Change Addition NAME WALKER, HOWARD STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1515 CITY-ST-ZIP CHICAGO IL 60606 TITLE EVDS TITLE EVDS TITLE EVDS TITLE EVDAS STREET ADDRESS CITY-ST-ZIP CHICAGO IL CHI
NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL CHICAGO IL CHICAGO IL NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL CHICAGO IL NAME
STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE EVDS NAME KELLEHER, ELLEN STREET ADDRESS CITY-ST-ZIP CHICAGO IL
CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE EVDS Delete TITLE EVDAS Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP
TITLE EVDS Delete TITLE EVDAS Change Addition NAME KELLEHER, ELLEN STREET ADDRESS CITY-ST-ZIP CHICAGO IL Delete TITLE EVDAS VAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL
NAME KELLEHER, ELLEN NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP CHICAGO IL STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP
TITLE S Change Addition
NAME FELL DAVID
STREET ADDRESS 2 N RIVERSIDE PLAZA STE 800
CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP
TITLE DC Delete TITLE Change Addition
NAME ZELL, SAMUEL NAME
STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1515
CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP
TITLE DEVT Delete TITLE DP Change Addition
NAME HENEGHAN, THOMAS P JR
STREET ADDRESS 2 N. RIVERSIDE PLAZA STREET ADDRESS
CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP
TITLE T Delete TITLE T Change 🙀 Addition
NAME Zoeller, JOhn
STREET ADDRESS 2 N. Riverside Plaza #800
CITY-ST-ZIP Chicago, IL 606065

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.