

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 # F95000003151 (6)

1. Corporation Name

MESIROW ASSET MANAGEMENT, INC.



Principal Place of Business

350 N. CLARK ST.
CHICAGO IL 60610

Mailing Address

350 N. CLARK ST.
CHICAGO IL 60610

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-3429599

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PD ☐ DELETE

NAME GABER, STEPHEN G
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

TITLE COO ☐ DELETE

NAME GABER, STEPHEN G
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

TITLE SD ☐ DELETE

NAME HANNENBERG, RUTH C
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

TITLE DCEO ☐ DELETE

NAME TYREE, JAMES C
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

TITLE DCEO ☐ DELETE

NAME YOUNG, BRUCE J
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

TITLE TS ☐ DELETE

NAME SLUSARCZYK, EVE M
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO IL 60610

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C/D
Tyree, James C.
350 N. Clark St.
Chicago, IL 60610

D
Young, Bruce J.
350 N. Clark St.
Chicago IL 60610

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(312) 595-6239

Date

Daytime Phone #

CR2E034 (12/95)