

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

**350 N. Clark Street
Chicago, IL 60610**

**350 N. Clark Street
Chicago, IL 60610**

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report
5/96

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-3429599

Applied For

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT 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

(To show 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 <input type="checkbox"/> DELETE	1.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaber, Stephen G	1.2 NAME	
STREET ADDRESS	350 N. Clark Street	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CHicago, IL 60610	1.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaber, Stephen G.	2.2 NAME	
STREET ADDRESS	350 N. Clark Street	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CHicago, IL 60610	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hannenberg, Ruth C	3.2 NAME	
STREET ADDRESS	350 N. Clark Street	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CHicago, IL 60610	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyree, James C	4.2 NAME	
STREET ADDRESS	350 N. Clark Street	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CHicago, IL 60610	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Bruce J	5.2 NAME	
STREET ADDRESS	350 N. Clark Street	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CHicago, IL 60610	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

**600002188746
-05/22/97--01116--032
***165.00**

14. I do 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:

Bruce J. Young-Director

04/29/97

312-595-6000

Date

Daytime Phone #

CR2E034 (9/96)