

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/29/1995	
4. FEI Number 36-3429599		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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	EVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GABER, STEPHEN G		1.2 NAME	Stephen G. Gaber			
STREET ADDRESS	350 N. CLARK ST.		1.3 STREET ADDRESS	350 N. Clark Street			
CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY-ST-ZIP	Chicago, IL 60610			
TITLE	COO	<input checked="" 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 ST.		2.3 STREET ADDRESS				
CITY-ST-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 ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60610		3.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TYREE, JAMES C		4.2 NAME	James C. Tyree			
STREET ADDRESS	350 N. CLARK ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		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 ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Michael J. Barrett			
STREET ADDRESS			6.3 STREET ADDRESS	350 N. Clark Street			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Chicago, IL 60610			

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: Ruth C. Hannenberg

04/08/98

(312)595-6000

CR2E034 (10/97)