


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000003151	
1. Entity Name MESIROW FINANCIAL INVESTMENT MANAGEMENT, INC.	

Principal Place of Business 321 N. CLARK ST. CHICAGO, IL 60610	Mailing Address 321 N. CLARK ST. CHICAGO, IL 60610
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**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-P CR2E034 (10/03)

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. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.	

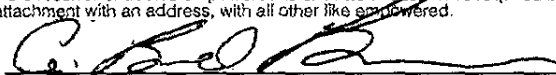
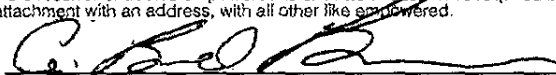
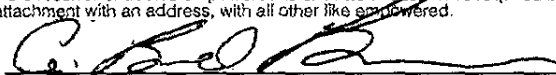
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RICHARD S 321 N. CLARK ST. CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TYREE, JAMES C 350 N. CLARK ST. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PASKVAN, KRISTIE 350 N CLARK ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSSCHER, A B 350 N CLARK ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/26/04-80008-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<table> <tr> <td>SIGNATURE: </td> <td>Date: 7-19-04</td> <td>Daytime Phone #: (312) 596-6000</td> </tr> <tr> <td colspan="3"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> </tr> </table>	SIGNATURE: 	Date: 7-19-04	Daytime Phone #: (312) 596-6000	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
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