

2005 FOR PROFIT CORPORATION ANNUAL REPORT

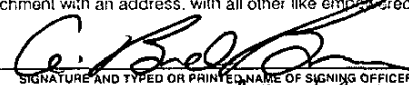
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Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90031 011 ***150.00

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01072005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-3429599	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$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				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and 500 if applicable. (NOTE: Required Agent signature required when remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PRICE, RICHARD S		NAME		
STREET ADDRESS	321 N. CLARK ST.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP		
TITLE	PCD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TYREE, JAMES C		NAME		
STREET ADDRESS	350 N. CLARK ST.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	CFO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PASKVAN, KRISTIE		NAME		
STREET ADDRESS	350 N CLARK ST		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BUSSCHER, A B		NAME		
STREET ADDRESS	350 N CLARK ST		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1-19-05		(312) 595-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. B. Busscher, Secretary		Date		Daytime Phone #	