

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90002 006 ***150.00

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

350 N. Clark St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chicago IL

City & State

Zip

Country

60610 USA

01252006

Chg-P

CR2E034 (11/05)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PRICE, RICHARD S
STREET ADDRESS 321 N. CLARK ST.
CITY-ST-ZIP CHICAGO, IL 60610 ☐ Delete

TITLE PCD
NAME TYREE, JAMES C
STREET ADDRESS 350 N. CLARK ST.
CITY-ST-ZIP CHICAGO, IL ☐ Delete

TITLE CFO
NAME PASKVAN, KRISTIE
STREET ADDRESS 350 N CLARK ST
CITY-ST-ZIP CHICAGO, IL 60610 ☐ Delete

TITLE S
NAME BUSSCHER, A B
STREET ADDRESS 350 N CLARK ST
CITY-ST-ZIP CHICAGO, IL 60610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

(312) 595-6238

Date

Daytime Phone #