## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## F95000003151 **DOCUMENT#**

1. Entity Name

MESIROW ASSET MANAGEMENT, INC.



## **FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90085 014 \*\*\*150.00

350 N. CLAF CHICAGO IL	60610	Mailing Address 350 N. CLARK ST. CHICAGO IL 60610				22003737				
	Place of Business	3. Mailing Address								
	N. Clark St.	321 N. Clark St. A. Brad Bus				scn	er			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				🛚 CHECK HERE IF MAKING CHANGES				
****	cago, IL 60610	Chit	& State Cago, IL	60610	.0		36-3429599			Applied For Not Applicable
Zìp -	Country	Zip		Country		5. (	Certificate of Status Desired		<b>\$8.75</b> A	dditional
	6. Name and Address of Current	Registere	ed Agent	·		7. N	Name and Address of New Re			
				Nam	ie					-
	PORATION SYSTEM	Street Add			et Address (F	ress (P.O. Box Number is Not Acceptable)				
	UTH PINE ISLAND ROAD ION FL 33324						. ,			-
				City			<del>.</del>	FL	Zip Co	de
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purp	ose of changing its	registered offic	e or registere	ed age	ent, or both, in the State of Florid	da. I am fa	amiliar with	, and accept
SIGNATURE		<del></del> -	****	74.						
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	E: Registered Agent si	gnature required v	when rei	instating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of St						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTO		11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11
TITLE Name	D HANNENBERG BUTH C		□ Delete	TITLE	Dire	ecto	or		☐ Change	<b>★</b> Addition
STREET ADDRESS	HANNENBERG, RUTH C 350 N. CLARK ST.			NAME	Pric	e,	Richard S.			(
CITY-ST-ZIP	CHICAGO IL 60610			STREET ADDRES	[ C/O.		sirow Financial	321	N. Cla	ark St.
TITLE	PCD		☐ Delete	TITLE		- 0 -	, == 55550		☐ Change	☐ Addition
NAME STREET ADDRESS	TYREE, JAMES C 350 N. CLARK ST.			NAME						-
CITY-ST-ZIP	CHICAGO IL			STREET ADDRES	is					ļ
TITLE	CFO		☐ Delete	TITLE						
IAME	PASKVAN, KRISTIE		□ Delete	NAME	•				Change	Addition
TREET ADDRESS	350 N CLARK ST			STREET ADDRES	s					
CITY-ST-ZIP	CHICAGO IL 60610			CITY-ST-ZIP						
ITLE	S	******	Delete	TITLE	-				☐ Change	Addition
	BUSSCHER, A B			NAME						
1	350 N CLARK ST			STREET ADDRES	s					
ITY-ST-ZIP	CHICAGO IL 60610			CITY-ST-ZIP						
ITLE			☐ Delete	TITLE				,	☐ Change	☐ Addition
AME			•	NAME						
TREET ADDRESS ITY-ST-ZIP			•	STREET ADDRES	S					
TLE	· · · · · · · · · · · · · · · · · · ·			CITY-ST-ZIP	<del> </del>		· · · · · · · · · · · · · · · · · · ·			
AME			☐ Delete	TITLE					☐ Change	Addition
TREET ADDRESS				NAME . STREET ADDRESS	,					
ITY-ST-ZIP				CITY-ST-ZIP	,					
2. Thereby o	ertify that the information supplied with	thie filing a	door not musify for t	VIII VI-ZII						

r nereby 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:

(312) 595-6000